Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions

Performance Report for Grants and Cooperative Agreements

Reports Due: August 31, 2011
Reporting Period: 7/1/2010 to 6/30/2011

Contents

Part II   Core Performance Measures

Health Resources and Services Administration
Bureau of Health Professions
Performance Report for Grants and Cooperative
Agreements (2011)

Purpose

The *BHPr Performance Report for Grants and Cooperative Agreements (2011)* is designed to provide the Bureau of Health Professions (BHPr) with information about grantee activities. As such, it is an important management tool, contributing to data BHPr uses to report success achieving programmatic and crosscutting goals and in setting new goals for the future. The report also gives program officers information that helps them provide technical assistance to individual projects.

The *BHPr Performance Report for Grants and Cooperative Agreements (2011)* contains two components, as follows:

- Part I - Program-Specific Information: Collects data on activities specific to your project. Refer to the chart at the beginning of Part I to determine the tables for which you will be providing data based upon the program requirements for your grant.

- Part II – Core Measures Information: Collects data on overall project performance related to the BHPr's strategic goals, objectives, outcomes and indicators. The purpose is to incorporate accountability and measurable outcomes into BHPr's programs, and to develop a framework that encourages quality improvement in its programs and projects.

Submission and Due Date

In addition to the performance report, if your project was awarded a no-cost extension, you are required to provide related performance data.

All applicants are required to submit their report online before August 31, 2011 using the Electronic Handbooks (EHBs). The tables for which you will be providing data will be presented to you through the EHBs and you will enter the data "on-line".

How to Get Help

The BHPr staff looks forward to working with you in making the performance-oriented approach work for the benefit of the Federal government, the training institutions and ultimately the public. For more information go to http://bhpr.hrsa.gov/grants/ or contact the HRSA Call Center at 1-877-464-4772 or email CallCenter@HRSA.GOV. For program related questions contact the Program Officer for your grant program.

Cover page

Grant Number:
Organization Name:

Project Director:
Phone:
Fax:
Email:

Reporting Year:
Data Collection period:
Report Due Date:
Report Status:

Note: If the Project Director Name or Grantee Organization is not current please contact the grants contact person listed on your Notice of Grant Award (NGA).

DO NOT HOLD UP SUBMISSION OF THIS REPORT if the names are not correct.

Part I - BHPr Performance report, Program-Specific Information

The following matrix lists program-specific data tables that grantees of each program are required to complete. **ALL** grantees are required to complete **GEN-1** and **GEN-2** tables.

Program Codes	Program Name	Part I Program Specific Tables Required for each program	Performance Report Deadline
A24	Minority Faculty Fellowships (MFFP)	DHCDD-2	8/31/2011
D01	Geriatric Training Program for Physicians, Dentists, And Behavioral And Mental Health Professions	DSCPH-12, DSCPH-13	8/31/2011
D09	Advanced Education Nursing Grants	DN-1	8/31/2011
D11	Nurse Education, Practice and Retention	DN-2, DN-4, DN-5, DN-6	8/31/2011
D13	Dental Public Health Residency Training Grants	DMD-2	8/31/2011
D5G	ARRA - Dental Public Health Residency Training Grants	DMD-2	8/31/2011
D18	Health Careers Opportunity Program (HCOP)	DHCDD-3, DHCDD-4	8/31/2011
D1H	ARRA - Health Careers Opportunity Program (HCOP)	DHCDD-3, DHCDD-4	8/31/2011
D19	Nursing Workforce Diversity	DN-3, DN-8	8/31/2011
D1N	ARRA - Nursing Workforce Diversity	DN-3, DN-8	8/31/2011
D20	Public Health Training Centers (PHTC)	DSCPH-2, DSCPH-6B, DSCPH-7	8/31/2011
D31/UB4	Geriatric Education Centers	DSCPH-10, DSCPH-11	8/31/2011
D33	Preventive Medicine Residencies	DSCPH-2	8/31/2011
D5H	ARRA - Preventive Medicine Residencies	DSCPH-2	8/31/2011

D34	Centers of Excellence (COE)	DHCDD-1, DHCDD-3, DHCDD-4	8/31/2011
D3E	ARRA - Centers of Excellence (COE)	DHCDD-1, DHCDD-3, DHCDD-4	8/31/2011
D40	Graduate Psychology Education Programs	DMD-2	8/31/2011
D54	Academic Administrative Units in Primary Care	DMD-1, DMD-2	8/31/2011
D5A	ARRA - Academic Administrative Units in Primary Care	DMD-1, DMD-2	8/31/2011
D55	Faculty Development in Primary Care	DMD-2	8/31/2011
D5C	ARRA - Faculty Development in Primary Care	DMD-2	8/31/2011
D56	Pre-doctoral Training in Primary Care	DMD-1, DMD-2	8/31/2011
D5D	ARRA - Pre-doctoral Training in Primary Care	DMD-1, DMD-2	8/31/2011
D57	Physician Assistant Training in Primary Care	DMD-2	8/31/2011
D5B	ARRA - Physician Assistant Training in Primary Care	DMD-2	8/31/2011
D58	Residency Training in Primary Care	DMD-2	8/31/2011
D5F	ARRA - Residency Training in Primary Care	DMD-2	8/31/2011
D59	Residency Training in General and Pediatric Dentistry	DMD-2	8/31/2011
D62	Comprehensive Geriatric Education Program	DN-7	8/31/2011
D64	Nurse Education, Practice and Retention: Internship and Residency Programs	DN-6	8/31/2011
D65	Nurse Education, Practice and Retention Grant Program: Career Ladder	DN-2	8/31/2011
D66	Nurse Education, Practice and Retention Grant Program: Enhancing Patient Care Delivery Systems	DN-5, DN-6	8/31/2011
T09	Grow Your Own FQHC Nurse	DN-2	8/31/2011
D83	ARRA - Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene	DMD-2	8/31/2011
D84	ARRA - Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene	DMD-2	8/31/2011
D85	Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene	DMD-2	8/31/2011

D88	Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene	DMD-2	8/31/2011
T56	Affordable Care Act: Nurse Managed Health Clinics	DN-2, DN-4	8/31/2011
T57	Advanced Nursing Education Expansion Program	DN-1	8/31/2011
UB6	Affordable Care Act: Public Health Training Centers	DSCPH-2, DSCPH-6B, DSCPH-7	8/31/2011
U76	Basic/Core Area Health Education Centers (AHEC)	DSCPH-2, DSCPH-3, DSCPH-4, DSCPH-5, DSCPH-6A, DSCPH-14	8/31/2011
U77	Model State-Supported Area Health Education Centers (AHEC)	DSCPH-2, DSCPH-3, DSCPH-4, DSCPH-5, DSCPH-6A, DSCPH-14	8/31/2011

Table GEN-1
Special Topics

Click in the box to mark an "X" to the left of any of the topics listed below which are relevant to your project activities for the period July 1, 2010 through June 30, 2011.

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☐	Adolescent Health
☐	Alternative Medicine
☐	Ambulatory Care
☐	American Indian/Alaskan Native Initiative
☐	Behavioral Health
☐	Bioterrorism
☐	Border Health Activities
☐ ☐ ☐ ☐ ☐ ☐	**Clinical Sites in underserved areas** 　　　Community Health Centers 　　　Governor Designated Area 　　　Health Departments 　　　Health Professions Shortage Area 　　　Migrant Health Centers 　　　Rural Health Clinics 　　　Others (List)
☐	Community-Based Continuity of Care Experiences
☐	Cultural Competence
☐ ☐ ☐ ☐ ☐ ☐	**Diseases** 　　　Asthma 　　　Diabetes 　　　Cancer 　　　Obesity 　　　Tuberculosis 　　　Sexually Transmitted Diseases 　　　Other(s) (List)
☐	Distance Learning
☐	Domestic Violence
☐	Evidence Based Practice
☐	Faith-Based
☐	Faculty Development
☐	Health Promotion/Disease Prevention
☐	Home Health
☐	Homeless
☐	Informatics
☐	Genetics
☐	Geriatrics
☐	HIV/AIDS
☐	Interdisciplinary Training

☐	Long Term Care
☐	Managed Care
☐	Maternal and Child Health
☐	Medical Economics
☐	Mental Health
☐	Minority Health Issues

☐ ☐ ☐ ☐	**Minority Recruitment/Retention**
	    Hispanics
	    African Americans
	    American Indian/Alaska Natives
	    Native Hawaiian or Pacific Islander

☐	Nutrition
☐	Oral Health
☐	Patient Safety (Medical Errors)
☐	Quality Improvement in Health Professions Education or Practice
☐	Research
☐	Rural Health
☐	Substance Abuse/Prevention
☐	Telemedicine/Telehealth
☐	Urban Health
☐	Women's Health
☐	Other (Specify)

Race / Ethnicity of Populations Served Percent
Choose from the following range of percentages (0-25%, 26%-50%, 51%-75%, 76%-100%)

Ethnicity

☐	Hispanics or Latino	_____%
☐	Not Hispanics or Latino	_____%

Race

☐	African American	_____%
☐	American Indian or Alaska Native	_____%
☐	Asian	_____%
☐	Native Hawaiian or Pacific Islander	_____%
☐	White	_____%
☐	More than One Race	_____%

Populations Served/Percent of Patients Served

☐
☐
☐
☐
	Medicaid
	    0-25%
	    26-50%
	    51-75%
	    76-100%

☐
☐
☐
☐
	Uninsured
	    0-25%
	    26-50%
	    51-75%
	    76-100%

☐
☐
☐
☐
	Medicare
	    0-25%
	    26-50%
	    51-75%
	    76-100%

Table GEN-2
Contacts with Organizations that Serve a High Proportion
of Minority or Disadvantaged Students (K - 12)

Report the number of visits (6 suggested minimum) and the number of students, parents and teachers/counselors/administrators contacted for the period July 1, 2010 through June 30, 2011.
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	Number
Visits	
Students contacted	
Parents contacted	
Teachers, counselors, and/or administrators contacted	

Table DHCDD-1
Centers of Excellence (COE)
Underrepresented Minority Students and Faculty at Health Professions Schools

Fill in the numbers of students/faculty who were in COE activities for the period July 1, 2010 through June 30, 2011.

	Number of Students/Faculty
COE Faculty Trained	
Students Trained in Research by Faculty	

Table DHCDD-2
Minority Faculty Fellowship Program

Name of Fellow			Start Date	Ethnicity	Race	Gender
First Name	M.I.	Last Name	MM/DD/YY			(M/F)

Provide the Following Fellow Information
Highest Degree Earned:

Discipline:
Department:

Does the Fellow Provide Health Services in Health Professional Shortage Areas (HPSA)?
        Yes ☐ Approximate hrs per month
        No ☐ When will services be implemented?   _____(MM/DD/YY)

Instruction: Select from the following for each fellow

1. Ethnicity
      H = Hispanic/Latino
      NH = Not Hispanic or Latino
2. Race
      Asian = Underrepresented Asian subgroup: any Asian other than Chinese, Filipino, Japanese, Korean,
        Asian Indian or Thai.
      AIAN = American Indian/ Alaska Native
      Black = Black/African American (Not Hispanic)
      NHOPI = Native Hawaiian or Other Pacific Islander
      MTOR = More Than One Race
3. Degrees
      BS, MS, MA, PhD, MD, JD, Diploma, HS, DDS
4. Disciplines
      Dentistry, Family Medicine, General Internal Medicine, General Pediatrics, Nurse Practitioner,
      Nurse-Midwife, Physician Assistant, Primary Care Podiatric Medicine, Allopathic Medicine,
      Chiropractic, Clinical Psychology, Dental Public Health, Health Administration, Nurse Anesthetist,
      Osteopathic Medicine, Other Advanced Education Nurse, Pharmacy, Preventive Medicine, Public
      Health, Social Work, Undergraduate Nurse, Veterinarian, Clinical Laboratory Sciences, Dental
      Assistants, Food and Nutrition Services, Health Information, Rehabilitation, Technicians and
      Technologists, other

Table DHCDD-3
Disadvantaged Assistance Tracking & Outcome Report *(DATOR)*

						Pre-professional Training			Professional Training		Workforce	Financial Support
Column 1	*Column2*	*Column 3*	*Column 4*	*Column 5*	*Column 6*	*Column 7*	*Column 8*	*Column 9*	*Column 10*	*Column 11*	*Column 12*	*Column 13*
Student Participant Name: (Last, First, MI)	*Gender*	*Ethnicity*	*Race*	*Home of Record at Time of Entry to your Program*	*Active or Former Participant*	*Targeted Health Professions*	*Educational Institution*	*Student Status*	*Type of Program*	*Student Status*	*Employment Status*	*Type of Support ** *

** Financial assistance is received for this reporting period only.
NOTE: Rows can be added within the above table to accommodate names of students/participants, etc.

Please use the following codes to complete the above table

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13
						Pre-Professional	**Pre-Professional**	**Pre-Professional**	**Professional Phase**	**Professional Phase**	**Workforce Phase**	
Student/ Participant Name	**Gender**	**Ethnicity Hispanic or Latino**	**Race (Select one or more)**	**Home of Record at Time of Entry into Program**	**Active/ Former Participant**	**Targeted Health Professions Program**	**Educational Institution**	**Student Status**	**Health Professions Program**	**Student Status**	**Employment Status**	**Type of Support**
Last, First, MI	1 = Female 2 = Male	1 = Yes 2 = No	1 = American Indian or Alaska Native (AIAN); 2 = *Asian URM 2.1 = Asian Non-URM 3 = Black or African American; 4 = Native Hawaiian or Other Pacific Islander (NHOPI); 5 = White; 6 = Missing/ Unknown 7 = More than one race	1 = Rural Non-HPSA; 2 = Urban Non-HPSA; 3 = Rural HPSA; 4 = Urban HPSA.	1 = Active Participant; 2 = Former Participant.	10 = Allopath Med; 20 = Osteo Med; 30 = Dentistry; 31 = Dental Ancillary; 32 = Dental Hygiene (Bacc); 40 = Optometry; 50 = Pharmacy; 60 = Podiatry; 70 = Veterinary Med; 71 = Clin Social Work; 72 = Mental Hlth Cnsling (Grad); 73 = Mrg & Famly Cnslng (Grad); 83 = Other Behvrl/Mental Hlth; 74 = Gerontolog Cnsling (Grad); 75 = Chiropractic; 76 = Clinical Psych (Grad); 77 = Health Admin Grad); 78 = Public Hlth (Grad) 79 = Rehab Cnsling (Grad); 80 = Other Rehabilitation; 81 = Health Information;	1 = Elementary School; 2 = Middle School; 3 = High School; 4 = Undergrad/ 2-Yr; 5 = Undergrad/ 4-Yr.	1 = Newly Enrolled; 2 = Still in School; 2.1 = Still in School (PT); 3 = Completed; 4 = Graduated; 5 = Withdrew; 6 = Transferred to Another School; 7 = Leave of Absence; 8 = Other (Specify in Writing).	See Column 9	1 = First Year Matriculants 2 = Still in School; 3 = Completed; 4 = Graduated; 5 = Withdrew; 6 = Transferred to Another School; 7 = Leave of Absence; 8 = Other (Specify in Writing).	1.1 = Public/Private Sector Rural Non-HPSA; 1.2 = Public/Private Sector Urban Non-HPSA; 1.3 = Public/Private Sector Rural HPSA; 1.4 = Public/Private Sector Urban HPSA; 2.1 = Private Practice Rural Non-HPSA; 2.2 = Private Practice Urban Non-HPSA; 2.3 = Private Practice Rural HPSA; 2.4 = Private Practice Urban HPSA; 3 = Academia; 4 = Research;	1 = HCOP Stipend; 2 = COE Stipend; 3 = MFFP Fellowship; 4 = Institutional Funding; 5 = HCOP Scholarship; 6 = Other Scholarship; 7 = Loans; 8 = Grants; 9 = Fellowships; 10 = Multiple Sources (Specify in Writing); 11 = Other (Specify in Writing); 12 = None Received.

					82 = Pre-Nursing; 85 = Speech Pathology (Bacc); 86 = Speech Pathology (Grad); 87 = Audiology (Bacc); 88 = Audiology (Grad); 89 = Physician Assistant; 90 = Occup Therap (Bacc); 92 = Med Lab Tech (Bacc); 93 = Occup Therap (Grad); 94 = Physical Therap (Bacc); 95 = Physical Therap (Grad); 96 = Radiological Tech (Bacc); 97 = Registered Dietician (Bacc); 98 = Registered Dietician (Grad); 99 = Other Tech/Techngst; 100 = Undecided; 101 = Other (Specify in Writing).					5 = Uniformed Services; 6 = Government (Civilian); 7 = Managed Care Org; 8 = Post- Professional Training; 9 = Other (specify in Writing).	

All Centers of Excellence and Health Career Opportunity Program grantees that have been active for more than twelve months should submit a DATOR as part of the BHPr Performance report.

Only students/participants involved in a "structured program," as defined by Centers of Excellence (COE) or Health Career Opportunity Program (HCOP), are to be tracked on the DATOR form. Students/participants encountered through recruitment activities, distribution of program information activities, dissemination of health careers information, and health fairs, etc. are not to be tracked on this form.

For COE, "structured program" is defined as formal training of a specified length with a specially designed curriculum or set of activities in which designated COE students participate to enhance their academic performance.

For HCOP, "structured program" is defined as a formal training program of a specified length (minimum of six hours per day for a minimum of six weeks or four weeks for pre-matriculation programs) with a specially designed curriculum or set of activities in which designated HCOP trainees are required to participate (Includes formal training activities that collectively add up to 180 hours per year).

Examples of formal training programs are enrichment programs that enhance the educational competitiveness for health professions in areas such as mathematics, science, learning/communication skills, and professional school entrance exams, etc.

INSTRUCTIONS

Use the codes on the second page of the DATOR form to complete columns 3-13.

Column 1: **Name of Student/Participant**
Enter the name of the student/participant as indicated: Last, First, Middle Initial.

Column 2: **Gender**
Enter the code for male or female.

Column 3: **Ethnicity**
Enter whether Hispanic / Latino or Not.

Column 4: **Race**
Enter the code for Race.

Column 5: **Home of Record at Time of Entry into the Program**
Enter the code showing whether the participant's domicile of record (permanent address) is rural or urban and if it is located in a Health Professional Shortage Area (HPSA) as designated by the Department of Health and Human Services.

Urban/Rural Definition
For Census 2000, the Census Bureau classifies "urban" as all territory, population, and housing units located within an urbanized area (UA) or an urban cluster (UC). It delineates UA and UC boundaries to encompass densely settled territory, which consists of:

- Core census block groups or blocks that have a population density of at least 1,000 people per square mile and;

- Surrounding census blocks that have and overall density of at least 500 people per square mile.

In addition, under certain conditions, less densely settled territory may be part of each UA or UC.

For Census 2000, the Census Bureau classifies "rural" as territory, population, and housing units located outside of UAs and UCs. It contains both place and non-place territory. Geographic entities, such as census tracts, counties, metropolitan areas, and the area outside metropolitan areas, often contain both urban and rural territory, population, and housing units.

Health Professional Shortage Area (HPSA)
In order to determine if a participant's home of record is located in a HPSA, go to http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx and enter the person's address.

If you have any questions or problems with the HPSA database, the HRSA Bureau of Health Profession's Office of Shortage Designation can be reached at (1-888-275-4772).

Column 6 **Active Participants/Former Participants**
Enter the code for (1) Active Participant or (2) Former Participant.

Active Participant includes a student who participated in structured programs during the current reporting period.

Former Participant includes a student who previously participated in a structured program.

Note: Institutions with both a COE and HCOP grant **may not** list the same students as an Active Participant unless the student completed the HCOP program and entered the COE program during the current reporting period.

Columns 7 thru 11 - Indicate the students' highest level of achievement by filling in either Pre-Professional Training (Columns 7, 8 and 9) or Professional Training (Columns 10 and 11) during the current reporting period.

PRE-PROFESSIONAL TRAINING

Column 7: **Targeted Health Professions – Pre-Professional Only**
Enter the Health or Allied Health profession code that represents the participant's intended career choice. You can use code 99 for "Other Tech/Technologist" to report Allied Health professions/disciplines at the Associate Degree level. Report unlisted health profession disciplines as "Other" with code 101 and **specify the discipline** (use attachment as necessary). Participants in the educational continuum who have yet to select a health professions career should use code 100 for "Undecided." Refer to attached code table.

Column 8: **Educational Institution – Pre-Professional Only**
Enter one of the five listed education level codes that identify each participant's stage in the educational continuum at the Pre-Professional training level.

Column 9: **Student Status – Pre-Professional Only**
Enter the code that describes the student's status in Pre-Professional training. The status of (P/T) means Part Time.

        Newly Enrolled: If the student is in a Pre-Professional training level, newly enrolled means that this is the first reporting year that the student is participating in the HCOP program. If the student is in a Professional training level newly enrolled means that the student began Professional training during the period being reported.

        Completed: The participant has completed the prerequisites to advance to the next stage in the education continuum.

        Other: Students in Post-Baccalaureate programs should be identified with code 9 as 'Other' and specified in writing as "Post-Baccalaureate."

Note: Students who are considered "lost" should NOT be reported on this form but should be reported on Table DHCDD-4.

PROFESSIONAL TRAINING

Column 10: **Health Professions Program - Professional Only**
Enter the code from column 7 that identifies the discipline being pursued by the participant at the Professional training level.

Column 11: **Student Status - Professional Only**
Enter the code from column 9 that identifies participant's status at the Professional training level.

WORKFORCE

Column 12: **Employment Status**
Enter the code listed that best describes the employment status of COE/HCOP participants <u>who have graduated from</u> a health professions program and are now employed in a health professions career.
Note: Refer to Column 5 instructions regarding designation of Health Professional Shortage Areas.

Public/Private Sector: Includes employment in public or private settings such as community and migrant health clinics, hospitals, and other private or public clinics.

This category <u>excludes</u> government (Federal, State, County, and City) hospitals or clinics, private practice settings, academic settings, uniformed services, or managed care organizations.

        Post-Professional training is considered being employed in the public/private sector but will not be counted with this code. It will be tracked separately using code 8 for "Post-Professional Training."

        Be sure to indicate, with the appropriate code, whether the Public/Private Sector employment is rural or urban and whether it is in a designated health professions shortage area or not. (See Column 5 instructions for explanations of rural, urban and Health Professional Shortage Areas.)

Private Practice (Fee for Service): Includes employment as an individual or in a group practice setting that is not affiliated with a health care organization.

This excludes other Public/Private Sector employment (as defined above), government (Federal, State, County, City) hospitals or clinics, academic settings, uniformed services, or managed care organizations.

Academia: (Code 3) Includes employment in a health professions teaching settings, tenured or untenured faculty positions, whose primary function is education/teaching/instruction.

This excludes Public/Private Sector employment, private practice settings, government (Federal, State, County, City) hospitals or clinics, uniformed services, or managed care organizations.

Research: Includes employment in a health professions research setting (tenured or untenured faculty positions), whose primary function is research with limited teaching responsibilities. If employment setting is both teaching and research, identify predominant employment setting and use appropriate code.

Uniformed Services: Include employment in any of the military branches of the United States Uniformed Services. Also included in this category is the Commissioned Corps of the United States Public Health Service.

Government (Civilian): Any civilian government employment under Federal, State, County, or City.

Managed Care Organization: Include any of the Health Care Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Point of Service Plans (POS), Primary Care Case Management (PCCM), Social Health Maintenance Organizations (SHMO), Program of All-Inclusive Care for the Elderly (PACE), etc.

Post-Professional Training: Include any internship, residency, or post-professions training before full-time employment. This is used as a means of tracking any intermediary working experience before full employment. This will include faculty development programs, clerkships, etc.

Other: Include any other employment that is not listed above and specify the type.

Column 13: **Type of Support**
Enter code that describes the type of financial aid that the participant is receiving.

Only enter stipend if that is the only source of financial support that the participant is receiving. We will assume that any person on this tracking form (except those who are coded as being in the workforce category) will qualify for HCOP stipends as they will have met requirements for a structured program.

If the participant is receiving both a HCOP Scholarship and Scholarships for Disadvantaged Students, include code 10 for "multiple sources" along with any other support

Table DHCDD-4
Explanation to Disadvantaged Assistance Tracking and Outcome Report (DATOR)

Student/Participant Name: (First, MI, Last)	Explain any students "lost" or not able to follow their progress.
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Table DN-1
Advanced Education Nursing Grants
Project Specific Enrollment and Graduation Data

Is the project a blended program?　　　　　　Yes ☐ No ☐
If Yes, identify the focus/specialty _____

Is the project a dual degree program?　　　　Yes ☐ No ☐
If Yes, identify the degrees awarded _____.

Educational level(s) supported by the project _____

Students and Graduates	I	II	III	IV
Program				
Focus				
Specialty				
Continuing Enrolled Students				
Full-time				
Part-time				
Newly Enrolled Students				
Full-time				
Part-time				
Total Headcount				
Graduates				

Definitions

A **blended project** is one that supports an educational program that prepares a graduate for two or more advanced level specialties and eligibility for two or more advanced level certification exams (if available). For Example: Nursing Administration and Adult Clinical Nurse Specialist, Geriatric Nurse Practitioner and Geriatric Clinical Nurse Specialist, Adult Acute Care Nurse Practitioner and Pediatric Acute Care Nurse Practitioner.

A **dual degree project** is one that supports two different specialty degree programs, such as Master's in Nurse Administration and Master's of Business Administration.

Continually enrolled students are those students enrolled the previous academic year and are continuing in the funded project for the current year.

Newly enrolled students are those students newly enrolled in the funded project for the current academic year, even if they entered during the summer.

Instruction:

- Program, Focus, and Specialty
  Select the Program(s), Focus, and Specialty from the appropriate lists to reflect the project you are conducting to enhance advanced nursing education and practice. If Primary Care NP, Other NP, or Clinical Nurse Specialist is selected, choose the appropriate Focus. A Specialty is not required, but may be selected to more clearly define the project.
- Blended and Dual Programs
  If the project supports a blended nursing education program select both programs from the list. Enter the number of students *for only one program* so that the students are counted only once.

- Level of Education
  For Education level choose all that apply from the following list (MSN, RN/MSN, Post-MSN, DNP, PhD, DNSc, Other)
- Data
  Data for this table should reflect students enrolled in the Program, Focus, or Specialty for which you have support, not the entire masters or doctoral program. In the event that students from other majors are benefiting from the project by taking one or more of the project specialty courses, you may report the number of students by selecting "Other" in the programs list. In the comments section of the report, list the names of the courses taken by these students.
- Enter the number of students enrolled (full-time and part-time) for the period July 1, 2010 through June 30, 2011.
- Enter the total number of students (headcount).
- Enter the total number of graduates for the period July 1, 2010 through June 30, 2011.
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Programs List
Clinical Nurse Leader Practitioner
Clinical Nurse Specialist
Non Primary Care Nurse Practitioner
Nurse Administrator
Nurse Anesthetist
Nurse Educator
Nurse Midwife
Primary Care Nurse Practitioner
Other

Focus List

Clinical Nurse Specialist	Non Primary Care NP	Primary Care NP
Acute Care	Acute Care NP	Adult NP
Adult	Forensic NP	Emergency NP
Community/ Public Health	Neonatal NP	Family NP
Forensic	Palliative Care NP	Geriatric NP
Geriatric	Perinatal NP	Occupational Health NP
Maternal Child/ Parent Child	Psychiatric/Mental Health NP	Pediatric NP
Medical-Surgical	Other	School NP
OB/GYN/ Women's Health		Women's Health NP
Occupational Health		Other
Oncology		
Pediatrics		
Psychiatric Mental Health		

Specialty -List	
Acute Care	Infectious Disease
Administration	Immunosuppressive
Adolescent	Informatics
Adult	Maternal-Child/Parent-Child Health
Cardiovascular	Medical-Surgical
Case Management	Neonatal
Chronic/Long Term	Leader
Community Health	OB/GYN/Women's Health
Corrections Health	Occupational
Critical Care	Oncology
Disaster Preparedness	Palliative Care
Education	Pediatrics
Environmental	Perinatal
Family	Primary Care
Forensic	Psychiatric Mental Health
Genetics	Public Health
Geriatric	Rehabilitation
HIV/AIDS	Rural
Home Health	School Health
Health Policy	Other

Table DN-2
Nurse Education Practice & Retention Grant Program
Enrollment and Graduation Data

Check one of the Nurse Education Practice & Retention Program (NEPR) grant purpose applicable.

☐	Expanding Enrollment in Baccalaureate Nursing Programs (E1)
☐	Career Ladder Programs (R1)

Type of Students	Number of Students	Level of Student	Program Specialty
Continuing Enrolled Students			
Full-time			
Part-time			
Newly Enrolled Students			
Full-time			
Part-time			
Total Number of Students			
Total Number of Graduates / Program Completers			

Instructions
- Enter the number of students enrolled in education programs for the period July 1, 2010 through June 30, 2011.
- Specify the level of training for students based on their enrollment status.
- Specify name of the clinical specialty for the enrolled students. If more than one program is included in the project, add rows as needed under the program specialty field.
- Program completers are those who have completed the project activities for the period July 1, 2010 through June 30, 2011
- Enter the total number of completers for each year of the project for the clinical preparation indicated under each column title.
- Do not count the same participant more than once.
- Enter the level of student based on Level of Student List shown below.
- Enter the Program Specialty (if applicable- i.e. graduate level or cross training specialties) based on Specialty Focus List shown below.

Level of Students List	
Accelerated BSN	RN to BSN
Accelerated MSN	RN to MSN
CNA to LPN	Post MSN
LPN to RN	Doctoral
Associate Degree in Nursing	RNs returning to Workforce
Generic BSN	Other: (Explain) _____
Generic MSN	

Specialty Focus List	
Acute Care	Infectious Disease
Administration	Immunosuppressive
Adolescent	Informatics
Adult	Maternal-Child/Parent-Child Health
Cardiovascular	Medical-Surgical
Case Management	Neonatal
Chronic/Long Term	OB/GYN/Women's Health
Community Health	Occupational
Corrections Health	Oncology
Critical Care	Palliative Care
Disaster Preparedness	Pediatrics
Environmental	Perinatal
Family	Primary Care
Genetics	Psychiatric Mental Health
Geriatric	Public Health
HIV/AIDS	Rehabilitation
Home Health	School Health
Health Policy	Other

Table DN-3
Nursing Workforce Diversity (NWD) Grants
NWD Program Participant Distribution by Education Level for the Grant Budget Period

	Middle School/ High School	Post HS/ Pre-College	College/ Pre-nursing	Nursing	Total Number	% of Total
Underrepresented Minority disadvantaged students (URM)						
White Disadvantaged students						
TOTAL						**100%**

Instructions:

- Enter the number of students participated in project activities for the period July 1, 2010 through June 30, 2011 by underrepresented minority or disadvantaged status for each educational level.
- Count each student only once on this table. If any student is noted in the "URM" category, **do not** also list them in the "Disadvantaged" category.

Table DN-4
Nurse Education Practice & Retention Grant Program
Nursing Students and Clients Information

Check one of the Nurse Education Practice & Retention Program (NEPR) grant purpose applicable.

☐	Establishing or Expanding Nurse Practice Arrangements (P1)
☐	Providing Care for Underserved Populations and Other High-Risk Groups (P2)

Total Number of Nursing Students/ Personnel in the Grant Project	Number of Clients Receiving Care from Nursing Students/Personnel	Type of Nursing Students/Personnel	Client Encounters (Total Number of Visits and Other Contacts)	Clinical Training Site Location

Instructions

- Enter the total number of students/personnel in the project during the period of July 1, 2010- June 30, 2011.
- Enter the number of students/personnel working with clients from medically underserved communities/populations. (students/personnel focus)
- Enter the number of clients receiving care from students/personnel. (Client focus)
- Select the type of nursing students/personnel in grant project using the below list as a guide. Enter each type of nursing students/personnel on a separate row.
- Enter the total number of client encounters. This is equal to the total number of visits and the total number of other contacts. A "visit between a client and a health care provider may take place in any setting. An "other contact" is a contact between a client and a health care provider by telephone, through telehealth or other mechanisms for the purpose of improving the client's health.
- Enter the clinical location that the nursing care took place using the below list.

Type of Nursing Students/Personnel List
Associate Degree Nurse (ADN)
BSN
CNA
LPN
MSN
New Graduate RN
Nurse Practitioner
RN

| Dual Track Students: (Explain) _____ |
| Other : (Explain) _____ |

Clinical Training Site List
Acute Care Hospital
Ambulatory Surgical Center
Community Health Center
Department of Public Health
Federally Qualified Health Center
Home Health Agency
Hospice Program
Indian Health Service/Tribal Health Site
Mobile Unit
Native Hawaiian Health Center
Nursing Home
Nurse Managed Center
Rural Health Clinic
School
Skilled Nursing Facility
Urgent Care
Other: (Explain)_____

Table DN-5
Nurse Education Practice & Retention Grant Program
Enhancing Patient Care Delivery Systems/Nurse Retention Data

Core Measures	Measurement Year	Baseline Rate	Actual Rate at the End of the Year	% Change from Baseline
1. Nurse Retention	Year 1 of Grant Year 2 of Grant Year 3 of Grant Year 4 of Grant Year 5 of Grant	____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
2. Nurse Vacancy	Year 1 of Grant Year 2 of Grant Year 3 of Grant Year 4 of Grant Year 5 of Grant	____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

Core Indicators	Measurement Year	Baseline Rate	Actual Rate at the End of the Year	% Change from Baseline
1.	Year 1 of Grant Year 2 of Grant Year 3 of Grant Year 4 of Grant Year 5 of Grant	____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
2.	Year 1 of Grant Year 2 of Grant Year 3 of Grant Year 4 of Grant Year 5 of Grant	____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
3.	Year 1 of Grant Year 2 of Grant Year 3 of Grant Year 4 of Grant Year 5 of Grant	____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
4.	Year 1 of Grant Year 2 of Grant Year 3 of Grant Year 4 of Grant Year 5 of Grant	____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

Instructions

- Enter the baseline rate for the core measures as proposed in your original proposal. This figure should reflect where your program was at the beginning of the funded grant.
- Enter the nurse retention rate at the end of each project year. This will show a trend from the baseline and across each year of the grant.
- Enter the nurse vacancy rate at the end of each project year.
- Enter the difference from the baseline rate and the rate for all applicable years (baseline rate- end of the year rate = %change from the baseline).
- List the four core indicators that were selected in your original proposal.
- Enter the baseline rate for the core indicators as proposed in your original proposal. This figure should reflect where your program was at the beginning of the funded grant.
- Enter the final rate at the end of the project year for each of the core indicators.
- Enter the difference from the baseline rate and the rate for all applicable years (baseline rate - end of the year rate = % change from the baseline).

Table DN-6
Nurse Education Practice & Retention Grant Program
Nursing Personnel Training or Course Offerings

Check one of the Nurse Education Practice & Retention Program (NEPR) grant purpose applicable.

☐	Providing Managed Care, Quality Improvement and other skills Needed to Practice in Existing and Emerging Organized health Care (P3)
☐	Development of Cultural Competencies Among Nurses (P4)
☐	Developing and Implementing Internship and Residency Programs (E2)
☐	Providing Education in New Technologies, including Distance Learning Methodologies (E3)
☐	Enhancing Patient Care Delivery Systems/Nurse Retention (R2)

Education Courses by Title	# of Times the Course was Offered During this Reporting Period	# of Students/ Participants in the Course	Level of Nursing Personnel Taking the Course
1.			
2.			
3.			

Instructions

- Specify the education course offerings during the period of July 1, 2010 through June 30, 2011.
- If more than one course offered, expand the table to include all course titles.
- Enter the number of times the course offerings were available during the project period identified above.
- Enter the number of students/participants in each of the courses that you have listed in column 1.
- Specify the level of nursing personnel participating in the course(s) using the list below. If more than one level will be involved, expand the table as needed to include all levels that are included in the project.

Level of Nursing Personnel	
Advance Education Nurse	Nurse Practitioner
Clinical Nurse Specialist	Preceptor/Mentor
CNA	RN
Faculty	RNs transitioning to New Specialty Roles
Graduate Nurses or New RNs	RN Returning to Workforce
Home Health Aide	Other:(Explain) _____
LPN	

Table DN-7
Comprehensive Geriatric Education Program
Project Specific Course Offerings

Complete this table for projects in which undergraduate/graduate nursing and other health professions students participate in academic courses for credit, and/or nursing and other health personnel participate in continuing education courses.

Education Courses by Title	Academic Credit by Credit Hours	CE by Contact Hours	# of Times the Course was Offered During this Reporting Period	Level of Nursing & Other Health Personnel in the Course	Total # of Nursing & Other Health Personnel Participating in the Course(s) for the Reporting Period by Level of Personnel
1.					
2.					
3.					

Instructions

- Specify the education course offerings during the period of July 1, 2010 through June 30, 2011.
- If more than one course is offered, expand the table to include all course titles.
- Indicate the number of academic credit hours or continuing education contact hours for each course.
- Enter the number of times the course offerings were offered during the project period.
- Specify the level of nursing or other health personnel participating in the course(s) using the list below. Include all levels that participated in the courses.
- Enter the total number of nursing and other health personnel participating in courses for the reporting period. For example, if the levels of personnel in column 5 are Nurse Practitioner, Registered Nurse and Nursing Assistant, then enter the numbers participating for the entire reporting period in column 6 according to each level of personnel – Nurse Practitioner – 10; Registered Nurse, 40; Nurse Assistant, 50.

Level of Nursing and other Health Personnel		
APN Student	Nurse Assistant/PCA	Other:(Explain) _____
Clinical Nurse Specialist	Nurse Practitioner	
Faculty	Occupational Therapist	
Home Health Aide	Physical Therapist	
Long Term Care Administrator	Physician	
LPN/LVN	Registered Nurse	
LPN Student	RN Student	
Nurse Administrator	Social Worker	

Table DN-8
Nursing Workforce Diversity (NWD) Program
Scholarships and Stipends Awards

	Scholarships Awarded		Stipends Awarded			
			Nursing Students		High School (HS)/Post HS/College/Pre-Nursing Students	
	Number of Students	Amount of Awards	Number of Students	Amount of Awards	Number of Students	Amount of Awards
Underrepresented Minority disadvantaged(URM)		$		$		$
White Disadvantaged		$		$		$
Total Students / Awards		$		$		$

Instructions:

- Data for this table should reflect all students receiving financial support as a direct result of this award
- Enter the total number of project participants during the period of July 1, 2010 through June 30, 2011.
- Count each student only once on this table. If any student is noted in the "URM" category, **do not** also list them in the "Disadvantaged" category
- Nursing Students" should reflect only those students who have matriculated into the professional nursing program. Other participants who receive stipends should be captured in the category "High School Students"

Table DMD-1
Academic Administrative Units in Primary Care and
Predoctoral Training in Primary Care
Percent of Graduates Entering Residencies
(All Students Graduating from Medical School)

Residency	2010- 2011	
	Number of Students	%
Categorical Internal Medicine		
Categorical Pediatrics		
Family Medicine		
Internal Medicine/Pediatrics		
Other Residency Programs		
Primary Care Track Internal Medicine		
Primary Care Track Pediatrics		
Total		**100%**

Table DMD-2
Primary Care Trainee Information

Indicate the total number of students trained and the patient encounters. Complete only for BHPr funded programs for the academic year 2010 – 2011.

	Number of Trainees		Number of Patient Encounters (Visits and Other Contacts)
	Total	No. Trained in Medically Underserved Areas	
Academic Administrative Units			
Advanced Gnrl/Pediatric Dentistry			
Dental Public Health			
Faculty Development in Primary Care			
FM, GIM, and GP Residents			
Graduate Clinical Psychology			
Physician Assistant Training			
Podiatric Training			
Predoctoral Training in Primary Care			
Total			

Table DSCPH-1
Allied Health – Program Specific Indicators

This program has been phased out

In the table below, indicate the **number of each accomplishment** provided by each service listed. Each accomplishment may be counted more than once.

Accomplishments	Dental	Health Education	Health System Management	Laboratory Sciences	Mental / Behavioral Counseling	Medical Imaging	Nutrition	Paramedic / EMT	Primary Care	Rehabilitation	Respiratory	Other	Total
Career advancement courses													
Community-based clinical training programs in medically underserved areas													
Courses jointly sponsored by academic centers and rural Clinics													
Distance learning trainings offered													
Face to face trainings offered													
Health related bachelors degree graduates receiving rapid transition training to become an allied health professional													
Interdisciplinary teams trained in medically underserved areas													
New clinical training sites for allied health professionals in medically underserved or rural communities													
New ethics courses													
New geriatrics courses													
New graduate programs in behavioral and mental health													
New home health and hospice care courses													
New long-term care courses													
New prevention and health promotion courses													
New programs that include interdisciplinary training in geriatrics for allied health practitioners													
New programs that include interdisciplinary training in geriatrics for non-allied health students													
New students in health professions with the greatest shortage													
Practice and/or training programs that link allied health clinical practice to education and research													
Students participating in distance learning trainings													
Students participating in face to face trainings													

Students trained in medically underserved areas													
Total													

Table DSCPH-2
AHEC/PMRP/PHTC Training Site Types

Provide how many of the following training site types your program has for the period July 1, 2010 through June 30, 2011.

Type of Site	Number
AHEC Urban Community Based Training Site	
Ambulatory Practice Sites Designated by State Governor	
Community Health Center (CHC)	
Federally Qualified Health Centers (FQHC)	
Health Care for the Homeless	
Health Department	
Health Professions Shortage Area (HPSA)	
Indian Health Service (IHS) or Tribal Health Sites	
Migrant Health Center (MHC)	
National Health Service Corp (NHSC) Sites	
Public Housing Primary Care Grantees	
Rural Health clinics	
Other AHEC Community Based Training Sites	
Other Site (Describe)	
TOTAL	

Table DSCPH-3
AHEC Programs Disciplines Serving Medically Underserved Communities

Provide the number of health professions students and preceptors in each discipline who provide service to patients in the training sites shown on the Table DSCPH – 2 for the period July 1, 2010 through June 30, 2011.

Disciplines	Number
Health Profession Students	
Advanced Practice Nurse	
Allied Health	
Allopathic Medicine	
Community Health Worker	
Dentistry	
Mental Health	
Nursing	
Osteopathic Medicine	
Pharmacy	
Physician Assistant	
Public Health	
On Site AHEC Preceptor	
Advanced Practice Nurse	
Allied Health	
Dentistry	
Medicine	
Physician Assistant	
Unspecified	
TOTAL (Students and Preceptor)	

Table DSCPH-4
AHEC Diversity: Students into Health Careers

Provide the number of **underrepresented minority or disadvantaged students** who participated in health career training or academic enhancement experiences for the period July 1, 2010 through June 30, 2011

Grade 9 – 12 Student Program Completers	Number of Students
Students who completed health careers training or academic enhancement experiences > = 20 hours	
Students who completed health careers training or academic enhancement experiences < 20 hours	

Table DSCPH-5
AHEC: Continuing Education (CE) Trainees by Discipline and Participant Location

Provide the following information for the period July 1, 2010 through June 30, 2011

TRAINEES	EMPLOYMENT LOCATION OF PARTICIPANTS													
	CHC	Governor Designated Area	Health Care for Homeless	Health Dept.	IHS/ Tribal Health Sites	MHC	NHSC Sites	Public Housing Primary Care Grantees	Rural AHEC Sites	Rural Health Clinics	[1] Urban Community Based Training Sites	Other AHEC Community Based Sites	Other Sites	TOTAL
Adv Prac Nurse														
Allied Health														
Comm Hlth Wk														
Dent Hygienist														
Dentist														
EMS														
Fire														
Health Admin														
Mental Health														
Nurse														
Pharmacist														
Phys Therapist														
Physician														
Phys Assistant														
Police														
Public Health														
Veterinarian														
Unspecified***:														
Unspecified***														
Unspecified***														
TOTAL														

 *Fill out entire table and under "Other Sites" column, describe site.
** Specify unspecified discipline if information is available.
[1] Urban training site with a 50% Medicaid and/or uninsured population.

Table DSCPH – 6A
AHEC: Program Specific Indicators

Provide the following information for the period July 1, 2010 through June 30, 2011

TRAINING OFFERING (TITLE, TOPIC)	NUMBER TRAINED	LEVEL	COMPETENCY		TOTAL CONTACT HOURS	DELIVERY MODE	START DATE	COST TO TRAINEE	PARTNERING/ LEVERAGING	# OF TIMES OFFERED	HOURS OF INSTRUCTION
			Council on Linkages	Other Frameworks							
Totals:											

Instructions

Training Offering
   Title should not exceed 25 characters.
Number Trained
   Indicate total number of participants trained in all sessions/trainings for this course. Should not exceed 5 digits.
Level
   Indicate the level of sophistication by using the following codes. (up to 2 levels may be picked)
   1=basic, 2=intermediate, 3=advanced, 4=appropriate for all levels
Competency – Council of linkages
   Identify what Council on Linkages competency domain(s) is met using the following codes. (up to 8 linkages may be picked)
   1=Analytic/Assessment Skills, 2=Policy Development/Program Planning Skills, 3=Communication Skills, 4=Cultural Competency Skills,
   5=Community Dimensions of Practice Skills, 6=Basic Public Health Sciences Skills, 7=Financial Planning and Management Skills,
   8=Leadership and Systems Thinking Skills
Competency – Other frameworks
   Indicate which competency framework is being used and identify what competency domain(s) is met. Should not exceed 25 characters.
Total contact hours
   Indicate total contact hours e.g. 3 hours/week X 15 weeks = 45 contact hours; or the estimated time necessary for learner to complete training.
   Should not exceed 4 digits.
Delivery mode
   Indicate training format using the following codes: (list all that apply)
   1=Live, 2=Web-based, 3=Live & web-based, 4=Video, 5=CDROM, 6=Audio Cassette, 7=Other form
Start date
   Indicate start date in mm/dd/yy format.
Cost to trainee
   List the dollar amount of costs that trainees or their agency bear.
Partnering/Leveraging
   Indicate any partnering or leveraging resources from another agency or program for training using the following codes (list all that apply and up
   to 6   resources may be picked)
   0=no partners, 1=Other HRSA program, 2=CDC program, 3=state or local health department, 4=academic department, 5=state public health
   association, 6= Other
# of times offered
   Indicate the number of times this training was offered
Hours of instruction
   Indicate the number of hours (i.e. classroom time, online time, homework time) spent in **one** training. Should not exceed three digits.

Table DSCPH-6B
PHTC – Program Specific Indicators

Provide the following information for the period July 1, 2010 through June 30, 2011

TRAINING OFFERING (TITLE, TOPIC)	NUMBER TRAINED	LEVEL	COMPETENCY AND DOMAIN(S)	CONTINUING EDUCATION CREDIT	DELIVERY MODE	PARTNERING/ LEVERAGING	# OF TIMES OFFERED	HOURS OF INSTRUCTION	TOTAL CONTACT HOURS
Totals:									

Instructions

Training Offering
  Title should not exceed 100 characters.
Number Trained
  Indicate total number of participants trained in all sessions/trainings for this course. Should not exceed 5 digits.
Level
  Indicate the level of sophistication by using the following codes (unto 2 levels may be picked)
  1=Basic, 2=Intermediate, 3=Advanced, 4=Appropriate for all levels
Competency and Domains
  Identify what competency framework is being used and what competency domain(s) is met using the following codes (up to 8 linkages may be picked).
  1=Analytic/Assessment Skills, 2=Policy Development/Program Planning Skills, 3=Communication Skills, 4=Cultural Competency Skills, 5=Community Dimensions of Practice Skills, 6=Basic Public Health Sciences Skills, 7=Financial Planning and Management Skills, 8=Leadership and Systems Thinking Skills
Continuing Education Credit
  If continuing education credits provided, indicate how many and by whom (100 character limit).
Delivery mode
  Indicate training format using the following codes (list all that apply)
  1=Live, 2=Web-based, 3=Live & web-based, 4=Video, 5=CDROM, 6=Audio Cassette, 7=Satellite Broadcast, 8=Video Conference, 9=Other format
Partnering/Leveraging
  Indicate any partnering or leveraging resources from another agency or program for training using the following codes (list all that apply and up to 6   resources may be picked)
  0=No partners, 1=Other HRSA program, 2=CDC program, 3=State or local health department, 4=Academic department, 5=State public health   association, 6= Other
# of times offered
  Indicate the number of times this training was offered.
Hours of instruction
  Indicate the number of hours (i.e. classroom time, online time, homework time) spent in **one** training. Should not exceed three digits.
Total contact hours
  Indicate total contact hours e.g. 3 hours/week X 15 weeks = 45 contact hours; or the estimated time necessary for learner to complete training. Should not exceed 8 digits.

Table DSCPH-7
Public Health Training Centers Trainee Characteristics

Practice Location	Occupation Classification	Total

Provide the following information for the period July 1, 2010 through June 30, 2011

Indicate the **number of people trained** by occupation in each practice location.

	Comm. Health Worker	Dentist	Env. Health	Emer/BT Prep	Epidemiology	Health Admin	Health Prom/Ed	HIS/Biostat	Laboratory Sciences	Mental Health & Subst. Abuse	Nurse	Nutritionist	Physician	Public Health Law	Public Health Policy	Social Work	Veterinarian	Other	
City Health Dept.																			
County Health Dept.																			
Public Health CBO																			
State Health Dept.																			
Other																			
Total																			

Definitions

Public Health CBO means any non governmental, community based organization that primarily does public health work (e.g. social service organizations, community health agencies)
Other includes, but is not limited to, clinical practice locations (hospitals, physician's offices), health plan organizations (HMOs), and academic settings.

Table DSCPH-8
Project Outcomes of Quentin N. Burdick Program for Rural
Interdisciplinary Training Program Specific Indicators

This program has been phased out

Indicate the **number of accomplishments** your project has had in the following areas. Each accomplishment may be counted more than once.

Accomplishments	Number
Community-based clinical training programs in underserved areas	
Distance learning training participants	
Distance learning trainings offered	
Face to face training participants	
Face to face trainings offered	
Interdisciplinary teams trained	
Patient encounters (Visits & Other Contacts)	
Students receiving training in underserved areas	
Students who have chosen to practice in rural health after graduation	
List the number of students <u>recruited</u> to participate in the Quentin Burdick project from the following categories:	
Students in their **first** year of health professions training	
Students in their **second** year of health professions training	
Students in their **third** year of health professions training	
Students in their **fourth** year of health professions training	

Table DSCPH – 9
Quentin N. Burdick Program for Rural Interdisciplinary Training
Number of Health Care Services Provided by Health Professionals

This program has been phased out.

Indicate in the table below the **number of services** provided by each category of health professional. Differentiate Direct Patient Care (DPC) services from Referral services (Ref) in your counting.

	Disease Prevention		Health Promotion		Mental Health		Primary Care		Psychology		Substance Abuse		Telehealth		Other		Total	
	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref
Allopathic Physicians																		
Graduate Nurses																		
Health Administrators																		
Nurse Practitioners																		
Occupational Therapists																		
Osteopathic Physicians																		
Pharmacists																		
Physical Therapists																		
Physician Assistants																		
Respiratory Therapists																		
Social Workers																		
Undergraduate Nurses																		
Other																		
Total																		

Table DSCPH-10
Geriatric Education Centers
Project Outcomes

Indicate the **number of students, residents, fellows, health professionals, faculty, and interdisciplinary teams clinically trained** in the listed locations for the period July 1, 2010 through June 30, 2011. Clinical training opportunities involve either providing or actively observing care. Distinguish health professionals trained in courses with continuing education credit (CEU) from those trained in courses without continuing education credit (Non-CEU). Indicate the **number of patient encounters** that took place in the listed locations. Duplicative counting is acceptable.

Location of Clinical Training/ Patient Encounters	Trainee Categories								Patient Encounters
	Students	Residents	Fellows	Health Professionals		Faculty		Interdisciplinary Teams	
				CEU	Non-CEU	Trained	Retrained		
Ambulatory Care Centers									
Assisted Living									
Chronic and Acute Disease Hospitals									
Home Care									
Hospice									
Nursing Homes									
Palliative Care									
Senior Centers									
Senior Housing									
Telehealth									
Other									
Total									

Table DSCPH-11
Geriatric Education Centers
Program Specific Indicators

Provide the following information for the period July 1, 2010 through June 30, 2011

TRAINING OFFERING (TITLE, TOPIC)	NUMBER TRAINED	LEVEL	EDUCATIONAL OFFERING	DISCIPLINES	NUMBER OF MODULES	TOTAL CONTACT HOURS	DELIVERY MODE	START DATE	COST TO TRAINEE	PARTNERING/ LEVERAGING
Totals:										

Instructions

Training Offering
    Title should not exceed 35 characters.

Number Trained

Indicate total number of participants trained in all sessions/trainings for this course. Should not exceed 5 digits.

Level

Indicate the level of sophistication by using the following codes (up to 2 levels may be picked):

1=basic, 2=intermediate, 3=advanced, 4=appropriate for all levels

Educational Offering

Identify the type of educational offering using the following codes:

1= Curricula Development, 2=Faculty Development, 3=Continuing Education

Disciplines

Indicate the disciplines using the training. Pick discipline from below discipline list.

Dentistry, Family Medicine, General Internal Medicine, General Pediatrics, Nurse Practitioner, Nurse-Midwife, Physician Assistant, Primary Care Podiatric Medicine, Allopathic Medicine, Chiropractic, Clinical Psychology, Dental Public Health, Health Administration, Nurse Anesthetist, Osteopathic Medicine, Other Advanced, Education Nurse, Pharmacy, Preventive Medicine, Public Health, Social Work, Undergraduate Nurse, Veterinarian, Clinical Laboratory Sciences, Dental Assistants, Food and Nutrition Services, Health Information, Rehabilitation, Technicians and Technologists, other

Number of modules

Indicate number of components and time of segments e.g. Health Economics in 5, 30 minute modules or segments. Should not exceed 15 characters.

Total contact hours

Indicate total contact hours e.g. 3 hours/week X 15 weeks = 45 contact hours; or the estimated time necessary for learner to complete training. Should not exceed 4 digits.

Delivery mode

Indicate training format using the following codes: (list all that apply)

1=Live, 2=Web-based, 3=Live & web-based, 4=Video, 5=CDROM, 6=Audio Cassette, 7=Other form

Start date

Indicate start date in mm/dd/yy format.

Cost to trainee

List the dollar amount of costs that trainees or their agency bear.

Partnering/Leveraging

Indicate any partnering or leveraging resources from another agency or program for training using the following codes (list all that apply and up to 10 resources may be picked)

0=no partners, 1=Other HRSA program, 2=CDC program, 3=NIH, 4=Veterans Administration, 5=state or local health department, 6=academic department, 7=state public health association, 8=Business/Industry, 9=Non- profit associations, 10=Foundations, 11=Other.

Table DSCPH-12
Geriatric Training Regarding Physicians and Dentists
Program Specific Indicators

Indicate the **number of fellows/trainees** for each category of health professional and the percentage of time each fellow/trainee spent in each of the four areas listed below for the period July 1, 2010 through June 30, 2011

	1-year Retraining Program				2-year Medical Fellowships			
	Behavioral/ Mental Health Professionals	Dentists	Physicians	**Total**	Behavioral/ Mental Health Professionals	Dentists	Physicians	**Total**
Number of fellows/trainees								
Number of fellows/trainees who sat for Certificate of Added Qualifications in geriatrics exam								
Percentage of time spent in each of the following areas:								
Administration								
Clinical								
Research								
Teaching								

Table DSCPH-13
Geriatric Training Regarding Physicians and Dentists
Clinical Service Training by Health Profession

Indicate the **cumulative number of patients** seen by fellows/trainees in each clinical training service or site listed below for the period July 1, 2010 through June 30, 2011

Clinical Training Sites	Behavioral/Mental Health Professionals	Dentists	Physicians	Total
Acute Care Services				
Community Care Programs				
Comprehensive Evaluation Units				
Day and Home Care Programs				
Dental Services				
Extended Care Facilities				
Geriatric Ambulatory Care				
Geriatric Behavioral/Mental Health				
Geriatric Consultation Services				
Rehabilitation Services				
Total				

Table DSCPH-14
Recruitment Into Health Careers

Provide the following information for the period July 1, 2010 through June 30, 2011

	Grades K-8	Grades 9-12	College Students
Students who completed health careers training programs >= 20 Hrs			
Students who completed health careers training programs < 20 Hrs			

Part II   Core Performance Measures

Purpose:
The major goals of BHPr are to eliminate barriers to health care, eliminate health disparities, improve the quality of health care and improve public health and health care systems. The core performance measures assess the performance of the Bureau in achieving these goals through its programs.

Categories of Core Measures

Diversity - Increase diversity in the health care workforce
Increase matriculation and graduation rates for underrepresented minorities and students from disadvantaged backgrounds to increase the proportion of minorities in the health professional workforce.

Primary Care - Primary Care Career Choice
Implement evidence-based strategies to promote careers in primary care.

Distribution - Improved Workforce Distribution
Implement evidence-based strategies to improve workforce distribution.

Infrastructure - Improved Infrastructure for health, especially primary care, public health
Improve timeliness and accessibility of data; the degree to which specific competencies related to public health is addressed in BHPr programs.

Quality - Improved Workforce Quality
The degree to which the Institute of Medicine's 2003 core competencies are integrated into BHPR education and training programs and institutional commitment to addressing cultural competence and health literacy.

The following sections have the detailed measures for each category. BHPr requires its grantees to provide the data only for the appropriate and relevant measures as detailed in the Core Measures Program Matrix below.

FY 2011 Core Measures – Program Matrix

The following matrix lists program-specific performance measures tables that grantees of each program are required to complete.

Activity Code	Program Name	LR1	LR2	DV1	DV2	DV3	PC1	PC2	PC3	DS1	DS2	DS3	IN1	IN2	Q1	Q2
A03	Public Health Traineeship	√	√	√	√											
A0A	ARRA - Public Health Traineeship	√	√	√	√											
A24	Minority Faculty Fellowships (MFFP)					√								√		√
D01	Geriatric Training Program for Physicians, Dentists, And Behavioral And Mental Health Professions	√	√	√		√		√			√				√	√
D09	Advanced Education Nursing Grants	√	√	√	√	√	√	√	√	√	√	√	√			√
D11	Nurse Education, Practice and Retention	√	√													
D13	Dental Public Health Residency Training Grants	√	√	√	√	√	√	√	√	√	√	√	√		√	√
D5G	ARRA - Dental Public Health Residency Training Grants	√	√	√	√	√	√	√	√	√	√	√	√		√	√
D18	Health Careers Opportunity Program (HCOP)	√	√	√	√			√		√	√					√
D1H	ARRA - Health Careers Opportunity Program (HCOP)	√	√	√	√			√		√	√					√
D19	Nursing Workforce Diversity	√	√	√	√	√										√
D1N	ARRA - Nursing Workforce Diversity	√	√	√	√	√										√
D20	Public Health Training Centers (PHTC)	√	√					√						√		
D31/UB4	Geriatric Education Centers	√	√	√		√		√			√			√		
D33	Preventive Medicine Residencies	√	√	√	√	√		√			√	√	√			
D5H	ARRA - Preventive Medicine Residencies	√	√	√	√	√		√			√	√	√			
D34	Centers of Excellence (COE)	√	√	√		√	√	√	√	√	√		√			√
D3E	ARRA - Centers of Excellence (COE)	√	√	√		√	√	√	√	√	√		√			√
D40	Graduate Psychology Education Programs	√	√	√	√	√					√	√			√	√
D54	Academic Administrative Units in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D5A	ARRA - Academic Administrative Units in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D55	Faculty Development in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D5C	ARRA - Faculty Development in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√

Code	Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
D56	Pre-doctoral Training in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D5D	ARRA - Pre-doctoral Training in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D57	Physician Assistant Training in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D5B	ARRA - Physician Assistant Training in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D58	Residency Training in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D5F	ARRA - Residency Training in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D59	Residency Training in General and Pediatric Dentistry	√	√	√	√	√	√	√	√	√	√	√	√		√	√
D62	Comprehensive Geriatric Education Program	√	√	√		√		√						√		
D64	Nurse Education, Practice and Retention: Internship and Residency Programs	√	√													
D65	Nurse Education, Practice and Retention Grant Program: Career Ladder	√	√													
D66	Nurse Education, Practice and Retention Grant Program: Enhancing Patient Care Delivery Systems	√	√													
D83	ARRA - Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene	√	√	√	√	√	√	√	√	√	√		√	√		√
D84	ARRA - Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene	√	√	√	√	√	√	√	√	√	√		√	√		√
D85	Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene	√	√	√	√	√	√	√	√	√	√		√		√	√
D86	Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene	√	√	√	√	√			√	√	√		√	√	√	√
D88	Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene	√	√	√	√	√	√	√	√	√	√		√		√	√
T09	Grow your own FQHC Nurse	√	√													
T56	Affordable Care Act: Nurse Managed Health Clinics	√	√		√						√		√		√	

T57	Advanced Nursing Education Expansion Program	√	√	√	√	√	√	√	√	√	√		√			√
UB6	Affordable Care Act: Public Health Training Centers	√	√					√						√		
U1K	Faculty Development: Integrated Technology into Nursing Education and Practice Initiative	√	√	√										√		
U76	Basic/Core Area Health Education Centers (AHEC)	√	√	√	√		√	√	√	√	√			√	√	√
U77	Model State-Supported Area Health Education Centers (AHEC)	√	√	√	√		√	√	√	√	√			√	√	√

Note: U68 State Primary Care Office grantees are required to provide data for PCO-1, PCO-2, and PCO-3 measures

Legislatively Required Data

The following tables were developed in order to either meet the Public Health Service Act requirements for data collection [PHS, Title VII, Sec 799(c) (2)], or to provide a denominator for the measures used to meet the Government Performance and Results Act (GPRA) requirements and/or Office of Management and Budget's (OMB's) program assessment and evaluation requirements.

LR-1   Total number of students being trained in BHPr-funded programs.

LR-2   Age and Gender of students trained in BHPr-funded programs.

Table LR-1
Total Number of Students being Trained in BHPr-funded programs

For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPr funded program is considered a student.

For each question below, provide the population data requested for the period between July 1, 2010 and June 30, 2011 in the text boxes) to the right of the question.

Count each student only once.

	Formative Education and/or Training	**Pre-Professional Training**

Total number of students being trained in BHPr-funded programs

Enrollees
How many students were trained in BHPr-funded programs and have not graduated or completed programs before June 30, 2011?

Total number of students being trained and graduated/completed programs in BHPr- funded programs before June 30, 2011

Graduates
How many students were being trained in BHPr-funded programs and have graduated?

Program Completers
How many students were being trained in BHPr-funded programs and have completed programs that were less than or equal to 39 hrs?

How many students were being trained in BHPr-funded programs and have completed programs that were between 40 and 160 hrs?

How many students were being trained in BHPr-funded programs and have completed programs that were more than 160 hrs?

Fellowships & Residencies
How many students were being trained in BHPr-funded programs and have completed Fellowships & Residencies of one year or more?

LR-2 Age and Gender of Students being Trained in BHPr-funded programs

For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPr funded program is considered a student.

Provide data on age and gender data between July 1, 2010 and June 30, 2011.

Enrollees are students that were trained in BHPr-funded programs and have not graduated or completed programs before June 30, 2011.
Count each student only once.

LR-2
Students being Trained by Age and Gender

Age		Formative Education and Training		Pre-Professional		Total
		Males	**Females**	**Males**	**Females**	
Under 20	Enrollees					
	Grads/Program Completers					
20-29	Enrollees					
	Grads/Program Completers					
30-39	Enrollees					
	Grads/Program Completers					
40-49	Enrollees					
	Grads/Program Completers					
50-59	Enrollees					
	Grads/Program Completers					
60 or older	Enrollees					
	Grads/Program Completers					
Total	Enrollees					
	Grads/Program Completers					

Diversity Measures

Strategy: Increase health workforce diversity.

DV-1: The percent of underrepresented minority students in BHPr funded pre-professional, formative education, and training programs.

DV-2: The percent of disadvantaged students in BHPr funded pre-professional, formative education, and training programs.

DV-3: The percent of FTE underrepresented minority faculty in BHPr grant programs.

DV-1: The percent of underrepresented minority students in BHPr funded pre-professional, formative education, and training programs.

For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPr funded program is considered a student.

Provide the number of students by race and ethnicity that have graduated or completed programs between July 1, 2010 and June 30, 2011. For enrollees provide the number of students who received training and have not graduated or completed programs before June 30, 2011.

Count each student only once.

Did your BHPr funded program have students of "Hispanic or Latino" ethnicity between July 1, 2010 and June 30, 2011?

Yes ☐   No ☐

If "Yes" provide the number of "Hispanic or Latino" students by race

Note: "Hispanic or Latino" is an ethnicity. Therefore you must enter the number of "Hispanic or Latino" students in the race categories below.

Table DV-1a
Hispanic or Latino Students by Race

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	**Total**
American Indian or Alaska Native						
Asian (Not Underrepresented)						
*Asian – (Underrepresented)						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
Unknown						
More Than One Race						
Total						

* Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

Did your BHPr funded program have students of a "Non-Hispanic or Non-Latino" ethnicity between July 1, 2010 and June 30, 2011?

Yes ☐   No ☐

If "Yes" provide the number of "Non-Hispanic or Non-Latino" students by race

Table DV-1b
Non-Hispanic or Non-Latino Students by Race

	Enrollees	Graduates	Program Completers (< 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (> 161 hrs) Fellowships & Residencies (1 yr or more)	Total
American Indian or Alaska Native						
Asian (Not Underrepresented)						
*Asian – (Underrepresented)						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
Unknown						
More Than One Race						
Total						

* Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

Outcome for Core Performance Measure – DV-1

The percent of underrepresented minority students trained in BHPr-funded pre-professional, formative education, and training programs and have not graduated or completed programs.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on combined total of enrollees in DV-1a and number of underrepresented minority enrollees (other than Asian-Not Underrepresented or White race categories) from DV-1b
3. The Denominator is based on the combined total of enrollees in DV-1a and DV-1b.

The percent of underrepresented minority students graduated/completed programs in BHPr-funded pre-professional, formative education, and training programs.

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on combined total of graduates/program completers in DV-1a and number of underrepresented minority graduates/program completers (other than Asian-Not Underrepresented or White race categories) from DV-1b.
3. The Denominator is based on the combined total of graduates/program completers in DV-1a and DV-1b.

DV-2: The percent of disadvantaged students in BHPr funded pre-professional, formative education, and training programs.

For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPr funded program is considered a student.
Provide the number of students by race/ethnicity that have graduated or completed programs between July 1, 2010 and June 30, 2011. For enrollees provide the number of students who received training and have not graduated or completed programs before June 30, 2011.

Table DV-2
Students by Disadvantaged Status and Race

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	**Total**
Total number of disadvantaged students						
Total number of Hispanic Students from DV-1a plus total number of underrepresented minority students (URM) from DV-1b						
Number of disadvantaged students in row 1 that were not counted as a minority or Hispanic in tables DV-1a and DV-1b						
Number of either disadvantaged or Hispanic or underrepresented minority students*						

 *These data are needed to respond to Office of Management and Budget's (OMB) Program Assessment Rating Tool (PART) request.

Note: Rows 2 and 4 will be pre-populated for you.

Outcome for Core Performance Measure DV-2

The percent of disadvantaged students trained in BHPr-funded pre-professional, formative education, and training programs and have not graduated or completed programs.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of disadvantaged enrollees from Table DV-2.
3. The Denominator is based on the total number of enrollees in Table LR-1 (pre-professional, formative education, and training programs).

The percent of disadvantaged students graduated/program completed in BHPr-funded pre-professional, formative education, and training programs.

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of disadvantaged students, graduates/program completers from Table DV-2.
3. The Denominator is based on the total number of graduates/program completers and fellowships & residencies from Table LR-1 (pre-professional, formative education, and training programs).

DV-3: The percent of FTE underrepresented minority faculty in BHPr grant programs.

Did your grant fund full time faculty who are of "Hispanic or Latino" ethnicity between July 1, 2010 and June 30, 2011?

Yes ☐   No ☐

If "Yes" provide the number of "Hispanic or Latino" faculty by race

Table DV-3a
Hispanic or Latino Faculty by Race

Race	Full Time Faculty
American Indian or Alaska Native	
*Asian (Underrepresented)	
Asian – (Not Underrepresented)	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Unknown	
More Than One Race	
Total	

* Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

Did your grant fund any part time faculty who are of "Hispanic or Latino" ethnicity between July 1, 2010 and June 30, 2011?

Yes ☐   No ☐

If "Yes" provide the following data for **each** part time faculty member:
1. Race from the above table.
2. Percent of full time workload or percentage of Full-time Equivalent (FTE) for **each** part time employee of your grant-funded program for this reporting year.

Race of each part time faculty	Percent of Full time Workload (Check box most nearly descriptive)								
	10%	20%	30%	40%	50%	60%	70%	80%	90%

Did your grant fund full time faculty who are of "Non-Hispanic or Non-Latino" ethnicity between July 1, 2010 and June 30, 2011?

Yes ☐   No ☐

If "Yes" provide the number of "Non-Hispanic or Non-Latino" faculty by race

Table DV-3b
Non-Hispanic or Non-Latino Faculty by Race

Race	Full Time Faculty
American Indian or Alaska Native	
*Asian (Underrepresented)	
Asian – (Not Underrepresented)	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Unknown	
More Than One Race	
Total	

*Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

Did your grant fund part time faculty who are of "Non-Hispanic or Non-Latino" ethnicity between July 1, 2010 and June 30, 2011?

Yes ☐   No ☐

If "Yes" provide the following data for **each** part time faculty member:
1. Race from the above table.
2. Percent of full time workload or percentage of Full-time Equivalent (FTE) for **each** part time employee of your grant-funded program for this reporting year.

Race of each part time faculty	Percent of Full time Workload (Check box most nearly descriptive)								
	10%	20%	30%	40%	50%	60%	70%	80%	90%

Outcome for Core Performance Measure DV-3

The percent of full time equivalent underrepresented minority faculty in BHPr grant programs.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on combined total of FTE faculty in DV-3a and number of Underrepresented minority FTE faculty (other than Asian-Not Underrepresented or White race categories) from DV-3b
3. The Denominator is based on the total number of FTE faculty (added from Tables DV-3a and DV-3b).

Primary Care Measures

Strategy: Promote careers in primary care.

PC-1: The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.

PC-2: The percent of all students in BHPr-funded training and/or formative education programs being trained for a career in primary care.

PC-3: The percent of formative education and formative training program students receiving a portion of their clinical training in a non-hospital, primary care site.

PC-1 The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.

Table PC-1
Evidence Based Strategies Encouraging the Selection of a Career in Primary Care

Listed below are some strategies in which your grant-funded program may participate to encourage the selection of a career in primary care. Please check all strategies that your program used **between July 1, 2010 and June 30, 2011**.

Strategies	Grant Funded Program
Creating/have a "primary care track" in residency or graduate nursing programs	
Developing community-based primary care rotations for residents and graduate nursing trainees	
Developing high school and college undergraduate recruitment programs	
Enhance the status and promotion of clinician-educators in health professions institutions:	
Including generalist oriented clinical medicine courses in the curriculum	
Including generalist practical experiences in the curriculum	
Including primary care community experiences in the curriculum, including experiences in federally funded health centers, urban, rural health clinics, migrant health centers	
Increase the representation of primary care providers on admissions committees	
Increasing the size of primary care residency or nursing traineeship programs	
Providing reimbursement or other incentives for community-based preceptors	
Special selection criteria to enhance recruitment of students committed to primary care	

Outcome for Core Performance Measure – PC-1

The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).
Grantees should be reasonable when setting the goals. Not all strategies may be applicable for your program/school, therefore 100% may not be attainable for all grantees.

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator	11	11	11	11	11

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of strategies used by your grant program.
3. The Denominator is based on the total number of strategies.

PC-2 The percent of all students in BHPr-funded training and/or formative education programs being trained for a career in primary care.

Provide the number of students who graduated or completed formative professional training programs between July 1, 2010 and June 30, 2011. Provide the number of enrollees. *For this table, enrollees refer to individuals who have received formative professional training, and did not graduate or complete a program before June 30, 2011.*
Count each person only once.
Do not count anyone as a program completer and also as a graduate; graduation from any program supersedes any completed program.

Table PC-2a
Enrollees, Graduates, and Program Completers Trained in Primary Care Disciplines

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	**Total**
Dentistry						
Family Medicine						
General Internal Medicine						
General Pediatrics						
Nurse Practitioner						
Nurse-Midwife						
Physician Assistant						
Primary Care Podiatric Medicine						
Total						

Table PC-2b
Enrollees, Graduates, and Program Completers Trained in
Other Health Professions that could support Primary Care

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	**Total**
Allopathic Medicine						
Chiropractic						
Clinical Psychology						
Dental Public Health						
Health Administration						
Nurse Anesthetist						
Osteopathic Medicine						
Other Advanced Education Nurse						
Pharmacy						
Preventive Medicine						
Public Health						
Social Work						
Registered Nurse (not Advanced Practice)						
*Other						
Total						

*Specify any disciplines that could support primary care not listed above in the boxes under "Other" category

Outcome for Core Performance Measure – PC-2

The percent of all students in BHPr-funded training and/or formative education programs being trained for a career in primary care.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of trainees in BHPr-funded formative education and formative training programs supporting primary care.
3. The Denominator is based on total number of students supported by your BHPr-funded formative education and training program students from Table LR-1.

PC-3 The percent of formative education and formative training program students receiving a portion of their clinical training in a non-hospital, primary care site.

Provide the number of students receiving training between July 1, 2010 and June 30, 2011

Table PC-3
Students Receiving Clinical Training in Non hospital, Primary Care Site

Total Number of Students receiving clinical training supported by your formative education or training grant	Number of students receiving a portion of their clinical training in an ambulatory site	
	<1 month	≥ 1 month

Outcome for Core Performance Measure – PC-3

The percent of formative education and formative training program students receiving a portion of their clinical training in a non-hospital, primary care site.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the total number of students receiving a portion of their clinical training in an ambulatory site.
3. The denominator is based on total number of students receiving clinical training.

Distribution Measures

Strategy: Improve the distribution of the health workforce.

DS-1: The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.

DS-2: The percent of students in this BHPr-funded grant program receiving a portion of their clinical training in underserved area sites.

DS-3: The percent change of health professionals entering practice in underserved areas after graduation from a BHPr-funded formative education and formative training program.

DS-1 The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.

Table DS-1
Evidence Based Strategies to Influence the Distribution of Health Professional Workforce

Listed below are some evidence-based strategies that your grant-funded program may use to encourage service in underserved areas. Please check all the strategies your program used between July 1, 2010 and June 30, 2011.

Strategies	Grant Funded Program
Develop high school and college undergraduate outreach and recruitment programs addressing the underserved	
Enter into partnerships with interdisciplinary teams	
Financial assistance contingent on practice in underserved area	
Have a clear mission to produce clinicians to serve the needs of the underserved	
Implement a rural training track	
Implement an inner-city training track	
Increase emphasis on primary care in the curriculum	
Offer inner city residency traineeship rotation or preceptorships	
Offer rural residency traineeship rotation or preceptorships	
Provide clinical experiences in underserved areas	
Provide electives focusing on inner-city health issues	
Provide electives focusing on rural health issues	
Provide faculty role models who have worked in underserved communities	
Use innovative curricular strategies, e.g. Distance Learning, Telemedicine	
Use selective admissions criteria for students from rural and inner-city areas	

Outcome for Core Performance Measure – DS-1

The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).
Grantees should be reasonable when setting the goals. Not all strategies may be applicable for your program/school, therefore 100% may not be attainable for all grantees.

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator	15	15	15	15	15

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of strategies used by your grant funded program.
3. The Denominator is based on the total number of strategies.

DS-2   The percent of students in this BHPr-funded grant program receiving a portion of their clinical training in underserved area sites.

Provide the number of students receiving training between July 1, 2010 and June 30, 2011

Table DS-2
Students Receiving Training in Underserved Area Sites

Total Number of students supported by your training or formative education grant	Number of students receiving a portion of their training in an underserved area	
	<1 month	≥ 1 month
(Pre populated from table LR-1)		

Of the above students being trained in an underserved area site, how many were receiving <u>clinical training</u>?

Outcome for Core Performance Measure – DS-2

The percent of students in this BHPr-funded grant program receiving a portion of their clinical training in underserved area sites.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on Total number of students receiving clinical training in an underserved area.
3. The Denominator is based on total number of students supported by your BHPr-funded grant program from Table LR-1.

DS-3   The percent change of health professionals entering practice in underserved areas after graduation from a BHPr-funded formative education and formative training program.

Instructions

Provide the number of students entering into Medically Underserved Communities/Areas after those students have exited their BHPr program. **Do not** include the program completers other than fellowships & residencies.

Reporting Period: Students who graduated between July 1, 2009 & June 30, 2010 and entered practice in underserved areas before June 30, 2011.

Counting Rules: (1) If someone spends at least 50% of work time in an underserved community, then this person should be counted in Table DS-3a and DS-3b;
(2) Persons may only be counted on this table one time; they may not be counted in more than one underserved area. Note: Validation system will not allow submission of report if students are reported in more than one area.

Classification Hierarchy
If someone trained in your BHPr-supported project is working in more than one underserved communities/areas, choose the category in the table which best describes his/her employment. If someone is serving in a practice site such as a CHC that is located in a HPSA, count that person only once in the specific practice site, (e.g., the CHC). Do not count the individual in both the CHC and the HPSA.

Table DS-3a
Persons in Primary Care Disciplines in
Residencies, or Practices in Underserved Communities

Count each person only once; in **either** residency *or* practice, but not both.

		Ambulatory Practice Sites Designated by State Governors	CHC	Federally designated HPSAs	FQHCs	Health Care for Homeless	Health Dept.	IHS Sites	MHC	NHSC Sites	Public Housing Primary Care Grantees	Rural Health Clinics	**Total**
Dentistry	Residencies												
	Practices												
Family Medicine	Residencies												
	Practices												
General Internal Medicine	Residencies												
	Practices												
General Pediatrics	Residencies												
	Practices												
Nurse Practitioner	Residencies												
	Practices												
Nurse-Midwife	Residencies												
	Practices												
Physician Assistant	Residencies												
	Practices												
Primary Care Podiatric Medicine	Residencies												
	Practices												
Total	Residencies												
	Practices												

Table DS-3b
Other Health Professions that could support Primary Care in Practices in Underserved Communities

	Ambulatory Practice Sites Designated by State Governors	CHC	Federally designated HPSAs	FQHCs	Health Care for Homeless	Health Dept.	IHS Sites	MHC	NHSC Sites	Public Housing Primary Care Grantees	Rural Health Clinics	**Total**
Allopathic Medicine												
Chiropractic												
Clinical Psychology												
Dental Public Health												
Health Administration												
Nurse Anesthetist												
Osteopathic Medicine												
Other Advanced Education Nurse												
Pharmacy												
Preventive Medicine												
Public Health												
Social Work												
Registered Nurse (not Advanced Practice)												
*Others												
Total												

*Specify any disciplines not listed above in the boxes under "Other" category

Table DS-3c
Persons in Allied Health Disciplines in Practice in Underserved Communities

	Ambulatory Practice Sites Designated by State Governors	CHC	Federally designated HPSAs	FQHCs	Health Care for Homeless	Health Dept.	IHS Sites	MHC	NHSC Sites	Public Housing Primary Care Grantees	Rural Health Clinics	**Total**
Clinical Laboratory Sciences												
Dental Assistants												
Food and Nutrition Services												
Health Information												
Rehabilitation												
Technicians and Technologists												
* Other												

*Specify any disciplines not listed above in the boxes under "Other" category

In the above table, do the numbers include anyone in non-HPSA categories (Ambulatory Practice Sites Designated by State Governors, Health Care for Homeless, Health Dept., and Public Housing Primary Care Grantees) who are working in HPSA's?

Yes ☐   No ☐

If "Yes" provide the number of students ☐

Outcome for Core Performance Measure – DS-3

The percent of health professionals entering practice in underserved areas after graduation from a BHPr-funded formative education and formative training program.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant. **Note:** While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):
1. The annual outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of BHPr graduates entering practice in an underserved area.
3. The Denominator is based on total number of graduates and fellowships & residencies supported by your BHPr-funded formative education and formative training program in Table LR-1 from the last reporting period.

Infrastructure Measures

Strategy: Strengthen public health and health care infrastructure.

IN-1: The percent of curricula related to improving population-based health (public health) implemented in BHPr-funded education and training programs.

IN-2: The percent change of Continuing Education Contact hours offered by BHPr programs.

IN-1 The percent of curricula related to improving population-based health (public health) implemented in BHPr-funded education and training programs.

Reporting period: between July 1, 2010 and June 30, 2011

1. Assessing Population-based Health Curricula and Ways of Implementation
For each field in the table below, score your answer on a scale of 0 to 3 for the eight core competencies as follows:

0 = Not implemented
1 = Didactic
2 = Clinical or Field work
3 = Both Didactic and Clinical or Field work

Note: Only record scores for curricula that include a credited course on the subject.

Your total scores for each row and column will be calculated automatically. The total score for any one row will be 0-6 and for any one column will be 0-15. The overall score for this table is between 0 and 48 and is displayed in field for Curricula Area Total and Implementation Total.

Table IN-1
Population-based Health Curricula and Ways of Implementation

Curricula Area/ Way of Implementation	Elective Course	Required Course	Curricula Area Total
Biostatistics			
Environmental health			
Epidemiology			
Health Behavior			
Health Promotion/Disease prevention			
Leadership skills			
Population-based health care (Community-Oriented Primary Care)			
Program evaluation/performance monitoring			
Implementation Total			

Outcome for Core Performance Measure – IN-1

The percent of curricula related to improving population-based health (public health) implemented in BHPr-funded education and training programs.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Grantees should be reasonable when setting the goals. Not all curricula areas may be applicable for your program/school, therefore 100% may not be attainable for all grantees.

Reported Data	BPR 2008	BPR 2010	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator	48	48	48	48	48

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the value from Table 1 Implementation Total/Curricula Area.
3. The Denominator for this measure is 48, which is the total possible score if all eight curricula area received a high score of "3" for the two implementation noted.

IN-2 The percent change of Continuing Education Contact hours offered by BHPr Programs.

Table IN-2
Continuing Education Contact Hours Offered by BHPr Programs

For each question below, please provide the data requested in the text box to the right of the question:

1. Total Number of Continuing Education Contact hours offered by your BHPr formative education or training program between July 1, 2010 and June 30, 2011:

What was the total number of Continuing Education Contact hours offered by your program for the current reporting year?

2. Total Number of Continuing Education Contact hours supported by your BHPr formative education or training program between July 1, 2009 and June 30, 2010:

What was the total number of Continuing Education Contact hours supported in the reporting year PRIOR to the current reporting year?

Outcome for Core Performance Measure – IN-2

The percent change of Continuing Education Contact hours offered by BHPr Programs.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):
1. The Annual Outcome equals ([Value from Question 1] – [Value from Question 2]) divided by [Value from Question 2]. This percent change could be a negative number.
2. The Numerator is the Value from the Question 1
3. The Denominator is the Value from the Question 2.

Quality Measures

Strategy: Improve the quality of care through training.

Q-1: The percent of Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPr-funded health professional education and training programs.

Q-2: The percent of comprehensive cultural competence curricula integrated into BHPr-funded education and training programs (Section 741: Health Disparities and Cultural Competencies).

Q-1 **The percent of Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPr-funded health professional education and training programs.**

Reporting period: between July 1, 2010 and June 30, 2011

Assessing Core Competency Training and Ways of Implementation

For each field in the table below, score your answer on a scale of 0 to 3 for the five core competencies as follows;

0 = Not implemented
1 = Didactic
2 = Clinical or Field work
3 = Both Didactic and Clinical or Field work

Note: Courses reported in this table must devote instruction time to the desired competency at or above the following levels: evidence-based decision-making (50 percent), health informatics (25 percent), interdisciplinary team training (25 percent), IOM core competencies (50 percent), quality measurement and improvement (25 percent).

Your total scores for each row and column will be calculated automatically. The total score for any one row will be 0-6 and for any one column will be 0-15. The overall score for this table is between 0 and 30 and is displayed in field for Competency Total and Implementation Total.

Count each appropriate course only once.

Table Q-1
Training Core Competencies and Ways of Implementation

Core Competency / Way of Implementation	Elective Course	Required Course	Competency Total
Evidence-based decision-making			
Health informatics			
Interdisciplinary team training			
IOM CORE Competencies (patient safety and care that is timely, effective, efficient and equitable)			
Quality measurement and improvement (other than IOM)			
Implementation Total			

Outcome for Core Performance Measure – Q-1

The percent of Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPr-funded health professional education and training programs.

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places)

Grantees should be reasonable when setting the goals. Not all core competencies may be applicable for your program/school, therefore 100% may not be attainable for all grantees.

.

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator	30	30	30	30	30

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the value from Table 1, Implementation Total/Competency Total.
3. The Denominator is for this measure is 30, which is the total possible score if all five competencies received a high score of "3" for the two implementation categories.

Q-2 The percent of comprehensive cultural competence curricula integrated into BHPr-funded education and training programs (Section 741: Health Disparities and Cultural Competencies).

Reporting period: between July 1, 2010 and June 30, 2011

1. Assessing Core Competency Training and Ways of Implementation
For each field in the table below, score your answer on a scale of 0 to 3 for the five core competencies as follows:

0 = Not implemented
1 = Didactic
2 = Clinical or Field work
3 = Both Didactic and Clinical or Field work

Your total scores for each row and column will be calculated automatically. The total score for any one row will be 0-6 and for any one column will be 0-15. The overall score for this table is between 0 and 30 and is displayed in field for Competency Total and Implementation Total.

Count each appropriate course only once.

Table Q-2
Training Core Competencies and Ways of Implementation

Core Competency / Way of Implementation	Elective Course	Required Course	Competency Total
Cross-Cultural Clinical Skills (for example, communication skills, working with interpreters, problem-solving skills, immigrants, refugees)			
Health Disparities and Factors Influencing Health (for example, demographic patterns of disparities, and factors underlying disparities)			
Key Aspects of Cultural Competence (for example, epidemiology of population health; healing traditions, beliefs systems health and illness)			
Rationale, Context, and Definition (for example, definitions of race, ethnicity, culture and religion)			
Understanding the Impact of Stereotyping on Health Decision-Making (for example, history and effects of bias, discrimination, racism and stereotyping)			
Implementation Total			

Outcome for Core Performance Measure – Q-2

The percent of comprehensive cultural competence curricula integrated into BHPr-funded education and training programs (Section 741: Health Disparities and Cultural Competencies).

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).
Grantees should be reasonable when setting the goals. Not all core competencies may be applicable for your program/school; therefore 100% may not be attainable for all grantees.

Reported Data	BPR 2008	BPR 2009	BPR 2010	BPR 2011	BPR 2012
Goal					
Outcome					
Numerator					
Denominator	30	30	30	30	30

Outcome Calculations (pre populated by the system):
1. The annual outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the value from Table Q-2 Implementation Total/Competency Total.
3. The Denominator for this measure is 30, which is the total possible score if all five competencies received a high score of "3" for the two implementation categories.

PCO-1   Percent increase in estimated number of patients served by Obligated Health Professionals (OHP) including Medically Underserved Areas (MUAs)

Instructions

- Provide data for the reporting period 7/1/2010 to 6/30/2011.
- Enter the total number of Obligated Health Professionals (OHP) currently providing care by discipline in **column A** for the current reporting period. Enter value greater than zero. At least one discipline is required.
- Out of the total Obligated Health Professionals **(column A)** providing care, provide the numbers for the following (**columns B - F**)
    - o   Working in a National Health Service Corps Site
    - o   Participating in the State Loan Repayment Program (SLRP)
    - o   Participating in Non-SLRP State Loan Repayment Program
    - o   Practicing on a J-1 waiver
    - o   Receiving other incentives or benefits
- Count each Obligated Health Professional **(column A) only once** in columns **B - F.** The sum of columns B – F should equal the value in column A.
- Out of the total Obligated Health Professionals **(column A)** providing care, provide the numbers of those working in (**columns G - J**)
    - o   Community Health Clinics (CHCs)
    - o   Medically Underserved Areas (MUAs)
    - o   Health Professional Shortage Areas (HPSAs).
    - o   Other settings.
- Obligated Health Professional **(column A)** can be counted **more than once** in columns **G - J.** The sum of columns G – J should equal or greater than the value in column A.
- Columns D, E, G, H and I each require a value to be entered.
- Use **Other** if the discipline is not listed (specify).

Definition:

Obligated Health Professional - A provider who is obligated to provide care, because of his/her participation in a federally or state funded program.

Table PCO-1
Obligated Health Professionals (OHP) Providing Care

Columns	A	B	C	D	E	F	G	H	I	J
Discipline	# of OHP currently providing care	# of OHP working in National Health Service Corps' (NHSC) Sites	# of OHP Participating in State Loan Repayment Program (SLRP)	# of OHP Participating in Non-SLRP State Loan Repayment Program	# of OHP practicing on a J-1 Waiver	# of OHP receiving other incentives or benefits	# of OHP working in Community Health Centers	# of OHP working in Medically Underserved Areas (MUAs)	# of OHP working in Health Professional Shortage Areas (HPSAs)	# of OHP Working in other settings
Allopathic Physician (MD)										
Osteopathic Physician (DO)										
Dentist (DDS/DMD)										
Nurse Practitioner (NP)										
Nurse Midwife (NM)										
Physician Assistant (PA)										
Dental Hygienist (DH)										
Psychiatrist (MD&DO)										
Clinical Psychologist (CP)										
Licensed Clinical Social Worker (LCSW)										
Psychiatric Nurse Specialist (PNS)										
Mental Health Clinician										
Licensed Professional Counselor (LPC)										
Marriage and Family Therapist (MFT)										
Other (Specify)										
Total										

Outcome for Core Performance Measure

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2011	BPR 2012	BPR 2013
Goal			
Outcome			
Numerator			
Denominator			

Outcome Calculations (pre populated by the system):
1. The Annual Outcome equals ([Numerator – Denominator] divided by Denominator. This percent change could be a negative number.
2. The Numerator is 1500* x total from column A.
3. The Denominator is 1500* x total from column A from the last reporting period.

* 1500 represents the average of persons seen by a provider

PCO-2   Percent of the Number of Recruitment & Retention (R&R) Assistance Application State Recommendation Forms submitted by the State Primary Care Office to the NHSC within 14 days

Instructions

- Provide data for the reporting period 7/1/2010 to 6/30/2011.
- Enter value greater than zero.

Table PCO-2
Number of NHSC R&R assistance application state recommendation forms submitted

1. Total number of National Health Service Corps' (NHSC) Recruitment & Retention (R&R) assistance application state recommendation forms submitted by the State Primary Care Office to the NHSC

2. Total number of National Health Service Corps' (NHSC) Recruitment & Retention (R&R) assistance application state recommendation forms submitted by the state Primary Care Office to the NHSC within 14 days (10 business days)

Outcome for the Performance Measure

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2011	BPR 2012	BPR 2013
Goal			
Outcome			
Numerator			
Denominator			

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is the Value from the item 2.
3. The Denominator is the Value from the item 1.

PCO-3 Percent increase in the number of Clients who provided technical assistance in the development or expansion of safety net services by the State Primary Care Office

Instructions

- Provide data for the reporting period 7/1/2010 to 6/30/2011.
- Specify the types of clients who received technical assistance during the above period. If more than one type is offered, expand the table to include all types of clients.
- Specify the types of technical assistance provided for each type of client during the above period. Include all types of technical assistance provided for each type of client.
- Enter the total number of hours spent on each type of technical assistance.

Type of Clients receiving Technical Assistance
Community
Provider
Community Health Center
J1-Waiver
Health Department
State Agency
Office of Regional Operations
Medicaid
Primary Care Association
State Loan Repayment Program
Rural Health Clinic
NHSC
Other : (Specify) _____

Type of Technical Assistance Provided
NHSC
CHC Expansion
Data Sharing
Designation
Needs Assessment
Other : (Specify) _____

Definitions

Technical Assistance (TA): Any activity that is planned, funded, organized, administered or provided by the State Primary Care Office; that results in the delivery of substantive information, advice, education or training *directly* to a client (s). TA is provided face to face, thru teleconference / webinar technology or via in-depth telephone and e-mail interactions that result in the delivery of substantive service or subject content (problem solving, proposal feedback, regulation interpretation, grant application guidance, etc.) to a client. Relatively brief / routine telephone and email responses and direct mass mailings are not considered TA for the purpose of this measure.

Client: A client is defined as a community, organization or individual who receives technical assistance in the development of a "safety net site", expansion of services, request for information, and other TA needs. A client usually requests TA or receives an invitation from PCO to participate in scheduled / formal TA activities such as workshops, conferences, seminars, meeting, events, or training sessions. TA encounters provided to the same client on different occasions regarding the same issue shall be counted as single episode of TA.

Safety Net: Institute of Medicine (IOM) definition - Those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable patients. Core safety net providers have two distinguishing characteristics: (1) by legal mandate or explicitly adopted mission they maintain an "open door," offering access to services to patients regardless of their ability to pay; and (2) a substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients."

Table PCO-3a
New Safety Net Sites Developed or Expanded

Type of New Safety Net Site	Total # New Safety Net Sites
330 Sites	
RHC	
FQHC Look-A-Like	
Free Clinics	
School Based Health Centers	
Faith Based Clinics	
Other (specify)	
Total	

Table PCO-3b
Number of Clients Who Received Technical Assistance

Types of Clients who received Technical Assistance	Types of Technical Assistance provided	Total # clients who received some type of Technical Assistance
1.		
2.		
3.		
Total		

Outcome for the Performance Measure

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPr funded grant.
Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.
Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	BPR 2011	BPR 2012	BPR 2013
Goal			
Outcome			
Numerator			
Denominator			

Outcome Calculations (pre populated by the system):
1. The Annual Outcome is calculated by ([numerator – denominator] / denominator) and multiplying by 100.
2. The Numerator is the total number of new safety net sites for the current period.
3. The Denominator is the total number of new safety net sites for the previous period reported in the last report.

Glossary

Advanced Education Nursing Program means a program of study in a collegiate school of nursing or other eligible entity which leads to a masters and/or doctoral degree and which prepares nurses to serve as nurse practitioners, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education. In addition, programs to prepare advanced education nurses through combined registered nurse to masters degree programs, post-nursing masters certificate programs, clinical nurse specialists, eligible nurse-midwifery certificate programs are included as advanced nurse education programs for purposes of this legislation. Eligible nurse-midwifery certificate programs in existence on November 12, 1998 are included as advanced education nurses for purposes of this legislation.

Allied Health Disciplines have been classified in the following categories/groups:

Assistants refer to: Home Health Aides and Medical Assistants.

Clinical Laboratory Sciences refers to: Cytotechnologists, Histologic Technicians/Technologists, Medical Laboratory Technicians, Medical Technologists and Phlebotomists.

Dental refers to: Dental Hygienists, Dental Assistants and Dental Laboratory Technicians.

Food and Nutrition Services refers to: Dietetic Technicians, Dietitians, and Nutritionists.

Health Information refers to: Health Information Administrators and Health Information Technicians.

Rehabilitation refers to: Occupational Therapists, Occupational Therapy Assistants, Orthotists or Prosthetists, Physical Therapists, Physical Therapy Assistants, Recreation Therapists and Speech Pathologist/Audiologists.

Technicians and Technologists refers to: Clinical Perfusionists, Cardiopulmonary Technologists, Diagnostic Medical Sonographers, Electrocardiograph Technicians (EKG), Electroencephalograph Technicians (EEG), Medical Imaging Technologists, Nuclear Medicine Technologists, Ophthalmic Medical Technicians/ Technologists, Radiation Therapy Technologists, Radiology Technologists, Respiratory Therapists, Respiratory Therapy Technicians, Surgical Technologists, and Emergency Medical Technicians or EMT Paramedics.

Unspecified refers to any Allied Health discipline not included in the categories/groups as defined.

Clinical Training the patient-care component of health professions education, including clinical rotations and clerkships for medical, dental, nursing, allied health, public health, physician assistant and pharmacy students; and residency and fellowship training.

Continuing Education Contact hours are the number of hours to which the participant is exposed to continuing education.

Continuing Education Program means a formal, post-licensure education program designed to increase knowledge and/or skills of health professionals. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses and individual studies. It does not include study for an academic degree, post-masters certificate or other evidence of completing such a program.

Cultural Competence means a set of academic and interpersonal skills that allow an individual to increase his or her understanding and appreciation of cultural differences and similarities within, among and between groups. This requires willingness and ability to draw on values, traditions, and customs of the populations served and the ability to develop culturally sensitive interventions.

Curriculum means a set of courses constituting an area of specialization.

Default Rate means the ratio (stated as a percentage) that the defaulted principal amount outstanding of the school bears to the matured loans of the school. For this purpose:

The term "defaulted principal amount outstanding" means the total amount borrowed from the loan fund of a school that has reached the repayment stage (minus any principal amount repaid or cancelled) on loans in default for 120 days or more.

The term "matured loans" means the total principal amount of all loans made by a school minus the total principal amount of loans made by the school to students who are enrolled in a full-time course of study at the school or are in their grace period.

Disadvantaged means an individual who (1) Educationally comes from an environment that has inhibited the individual from obtaining the knowledge, skill and abilities required to enroll in and graduate from a health professions school, or (2)Economically comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price index, and adjusted by the Secretary for use in all health professions programs.

Discipline means a field of study.

Disparity means a pattern of differences in health outcomes that occurs by age, gender, race, ethnicity, education or income, disability, geographic location, or sexual orientation.

Diversity is defined by the following quote …"Diversity is most often viewed as the proportion and number of individuals from groups underrepresented among students, faculty, administrators, and staff (i.e., structural diversity). Diversity, however, can also be conceptualized as the diversity of interactions that take place on campus (e.g., the quality and quantity of interactions across diverse groups and the exchange of diverse ideas), as well as campus diversity-related initiatives and pedagogy (e.g., the range and quality of curricula and programming pertaining to diversity, such as cultural activities and cultural

awareness workshops; Hurtado et al., 1999)."

Enrollee refers to an individual who receives training in BHPr funded programs, but did not
finish them during the study period.

Entering Practice means health professions students who intend to begin providing direct patient
care or public health upon graduation from a funded formative or advanced education and
training program.

Employ Evidence-Based Approach means to integrate best practices and research with clinical
expertise and patient values for optimum care related to the desired outcome.

Ethnicity There are two categories for data on ethnicity: "Hispanic or Latino," and "Not Hispanic
or Not Latino."
"Hispanic or Latino" means a person of Cuban, Mexican, Puerto Rican, Cuban,
South or Central American, or other Spanish culture or origin, regardless of race.

Faculty refers to those members of the instructional staff employed full-time or part-time or who
volunteer. Faculty provides the curriculum to develop skills inherent in practice to a level
of professional competency and, in graduate education and may include the development
of research capability. This includes all faculty, even those who participate on an as
needed basis. Faculty will be counted by a full-time equivalent (FTE) measure unless
otherwise noted.

Fellowship means a 1 or 2 year organized training effort designed to meet a specific training
purpose.

Formative Health Profession Education includes matriculating, continuing, and graduate
students. The program of study to prepare an individual for a degree in a health
profession.

Geriatrics focuses on health promotion and the prevention and treatment of disease and disability
in later life.

Graduates refers to individuals who have successfully completed all educational requirements for
a specified academic program of study or have met the eligibility requirements for full
certification/degree in a designated health profession.

Health Informatics means the systematic application of information and computer sciences to
public health practice, research, and learning [patient care]. It is the discipline that
integrates public health with information technology. The development of this field and
dissemination of informatics knowledge and expertise to public health professionals is
the key to unlocking the potential of information systems to improve the health of the
nation.

Health Literacy means the degree to which individuals have the capacity to obtain, process, and
understand basic health information and services needed to make appropriate health
decisions.

Navigating the healthcare system, filling out medical forms, deciding among different types of treatment, and choosing a healthy lifestyle all require health literacy skills.

For patients, health literacy means being able to follow instructions from a doctor, nurse or pharmacist; manage a chronic illness; or take medication properly. For health care practitioners, it is about helping patients understand and act on health care information.

Health Professional refers to an individual who has received a certificate, an associate degree, a bachelors degree, a masters degree, a doctoral degree, or post baccalaureate training, in a field relating to health care, and who shares in the responsibility for the delivery of health care services or related services.

Interdisciplinary education and training is defined as the collaborative process by which an interdisciplinary team of health care professionals-faculty, clinical preceptors and community health care providers-collaborates, plans, and coordinates an interdisciplinary program of education and training that encompasses didactic and clinical training components. The collaborative process requires the preparation and functioning of interdisciplinary teams who share knowledge and decision making with the purpose of creating solutions to health care problems that transcend conventional discipline-specific methods. The goal is to work together in service of patient-centered and/or community-centered health care needs.

Interdisciplinary Clinical Training is defined as the collaborative clinical experience in any appropriate setting whereby interdisciplinary care is provided to patients and/or the community. Clinical settings include but are not limited to: hospitals, long-term care facilities, ambulatory care settings, home and community-based settings, and public health agencies. Outcomes of interdisciplinary clinical training include at a minimum that interdisciplinary core competencies are identified and the interdisciplinary team share accountability for achieving mutual goals and decision-making. Core competencies require that the participants:

Level I: demonstrate an understanding of the roles and responsibilities of participating disciplines in the interdisciplinary clinical training.
Level II: demonstrate an understanding of the ways to integrate multiple disciplines in the assessment, diagnosis, and treatment of patient-centered and/or community-centered care, and
Level III: develop knowledge, skills, and abilities in interdisciplinary health care team practice.

Work in interdisciplinary teams: cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

Matriculant refers to a student who participates in the enrollment process of an institution. The matriculation process is an agreement between the institution and the student who enrolls for credit to define the student's educational goals and provide support and resources for

attaining those goals. This applies to students enrolled in a degree or certificate program.

Medically Underserved Communities means any geographic area and/or population served by any of the following practice sites:

- Ambulatory practice sites designated by State Governors as serving medically undeserved communities

- Community Health Centers (CHCs) (section 330)

- Federally Qualified Health Centers (FQHCs) (section 1905(1)(2)(B) of the Social Security Act)
- Health Care for the Homeless Grantees (section 330)
- Indian Health Service Sites (IHS) (Pub. L. 93-638 for tribal operated sites and Pub. L. 94-437 for IHS operated sites)
- Migrant Health Centers (MHCs) (section 330)
- Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas (HPSAs) (federally designated under section 332)
- Public Housing Primary Care Grantees (section 330)
- Rural Health Clinics, federally designated (section 1861(aa) (2) of the Social Security Act)
- State or Local Health Departments (regardless of sponsor – for example, local health departments who are funded by the State would qualify)

Note: Information on Community Health Centers, Migrant Health Centers, Health Care for the Homeless Grantees, Public Housing Primary Care Grantees, National Health Service Corps Sites, and Health Professional Shortage Areas is available BHPr web site http://bhpr.hrsa.gov/ or on Bureau of Primary Health Care Web site at http://bphc.hrsa.gov/ (select "Key Program Areas" and "Resources").

Patient-Centered means as providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.

Population-Based Health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.

Pre-Professional Student is a student trained in K-12 or undergraduate BHPr-funded programs that help develop an interest in attending or prepare them for entrance into a health professions school.

Primary Care is the provision of integrated comprehensive and continuous, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the

context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services.

Primary Care Service Area (PCSA) is a geographic unit used for the measurement of primary care resources, utilization, and associated outcomes. Identifies clusters of people receiving primary care within geographic boundaries, and represents market areas for primary care services.

Public Health is the science and art of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention.

Publications refer to articles, reports or other documents based on HRSA supported data and information; including peer reviewed journals.

Program Completers: refers to individuals who have met the didactic and/or clinical requirements of a structured educational program which does not confer a degree (e.g., summer enrichment programs, continuing education, and fellowship) and is designed to improve their knowledge and skills. Program completers are grouped together by the length of the program completed:

> Programs ≤ 39 hours
> Programs of 40-160 hours
> Programs ≥161 hours including fellowships and residencies and 1 year or more

Quality Improvement identifies errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; design and test interventions to change process and systems of care, with the objective of improving care.

Quality of Care includes attention to the following:
> Efficient – avoiding waste, including waste of equipment, supplies, ideas, and energy
> Effective – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding under use and overuse, respectively).
> Equitable – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
> Patient-Centered – providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
> Safe: avoiding injuries to patients from the care that is intended to help them.

Timely – reducing waits and sometimes harmful delays for both those who receive and those who give care.

<u>Residency</u> is a period of advanced training in a medical specialty after graduation from medical school.

<u>Underrepresented Minority,</u> with respect to a health profession, means racial and ethnic populations that are underrepresented in the health profession relative to their proportion of the population involved, to include Blacks or African Americans, American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, Hispanics or Latinos, and certain Asian subpopulations (other than Chinese, Filipino, Japanese, Asian Indian or Thai)

<u>Minority</u> means an individual is either of the Hispanic or Latino ethnicity or is an American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander.

<u>Race</u> The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Respondents shall be offered the option of selecting one or more racial designations.
Note: See "Ethnicity" for definitions of Hispanic or Latino ethnicity.

<u>Students:</u> For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPr-funded program is considered a student.

<u>Underserved Area/Population includes:</u>

- The Elderly, Individuals with HIV-AIDS, Substance Abuse, Homeless, and Victims of Domestic Violence
- Homeless Populations
- Health Professional Shortage Areas/Populations
- Medically Underserved Areas/Populations
- Migrant and Seasonal Farm workers
- Nurse Shortage Areas
- Residents of Public Housing
- Rural Communities
- Rural Health Clinic Certified Areas; now defined with additional entities listed below:

Ambulatory Surgical Center – An entity that provides surgical services to individuals on an outpatient basis and is not owned or operated by a hospital.

Disproportionate Share Hospital (DSH) – A hospital as certified under 1886(d) of the Social Security Act that 1) has a disproportionately large share of low-income patients and 2) receives a) an augmented payment from the States under Medicaid or b) a payment adjustment from Medicare. Hospital-based outpatient services are included under this definition.

Federal Hospital – Any Federal institution that is primarily engaged in providing care, by or under the supervision of physicians, to inpatients or outpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (b) rehabilitation of injured, disabled, or sick persons.

Home Health Agency – A public agency or private organization as certified under section 1861(o) of Social Security Act that is primarily engaged in providing skilled nursing care and other therapeutic services.

Hospice Program – A public agency or private organization as certified under section 1861 (dd)(2) of the Social Security Act that provides 24-hour care and treatment services (as needed) to terminally ill individuals and their families. This care is provided in individuals' homes on an outpatient basis, and on a short-term inpatient basis, directly or under arrangements made by the agency or organization.

Native Hawaiian Health Center – An entity (a) which is organized under the laws of the State of Hawaii: (b) which provides or arranges for health care services through practitioners licensed by the State of Hawaii, where licensure requirements are applicable; (c) which is a public or nonprofit private entity; and (d) in which Native Hawaiian health practitioners significantly participate in planning, management, monitoring, and evaluation of health services. See the Native Hawaiian Health Care Act of 1988)Public Law 100-579), as amended by Public Law 102-396.

Non-Federal Non-Disproportionate Share Hospital – Any public or private institution that is primarily engaged in providing care, by or under the supervision of physicians, to inpatients or outpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured,

disabled, or sick persons, or (b) rehabilitation of injured, disabled, or sick persons.

Nursing Home – An institution (or a distinct part of an institution) as certified under section 1919 (a) of the Social Security Act, that is primarily engaged in providing, on a regular basis, health-related care and service to individuals who because of their mental or physical condition require care and service (above the level of room and board) that can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases.

Skilled Nursing Facility – An institution (or a distinct part of an institution) as certified under section 1819 (a) of the Social Security Act, that is primarily engaged in providing skilled nursing care and related services to residents requiring medical, rehabilitation or nursing care and is not primarily for the care and treatment of mental diseases.

HRSA Vision, Mission, Goals, and Sub-goals

Vision

Healthy Communities, Healthy People

Mission

To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.

Goal I: Improve Access to Quality Health Care and Services

Sub-goals

a. Assure a medical home for populations served.
b. Expand oral health and behavioral health services and integrate into primary care settings.
c. Integrate primary care and public health.
d. Strengthen health systems to support the delivery of quality health services.
e. Increase outreach and enrollment into quality care.
f. Strengthen the financial soundness and viability of HRSA-funded health organizations.
g. Promote innovative and cost-efficient approaches to improve health.

Goal II: Strengthen the Health Workforce

Sub-goals

a. Assure the health workforce is trained to provide high quality, culturally and linguistically appropriate care.
b. Increase the number of practicing health care providers to address shortages, and develop ongoing strategies to monitor, forecast and meet long-term health workforce needs.
c. Align the composition and distribution of health care providers to best meet the needs of individuals, families and communities.
d. Assure a diverse health workforce.
e. Support the development of interdisciplinary health teams to improve the efficiency and effectiveness of care.

Goal III: Build healthy communities

Sub-goals

a. Lead and collaborate with others to help communities strengthen resources that improve health for the population.
b. Link people to services and supports from other sectors that contribute to good health and wellbeing.

c. Strengthen the focus on illness prevention and health promotion across populations and communities.

Goal IV: Improve health equity

Sub-goals

a. Reduce disparities in quality of care across populations and communities.
b. Monitor, identify and advance evidence-based and promising practices to achieve health equity.
c. Leverage our programs and policies to further integrate services and address the social determinants of health.
d. Partner with diverse communities to create, develop, and disseminate innovative community-based health equity solutions, with a particular focus on populations with the greatest health disparities.

Summary of Core Performance Measures

	Strategy: Increase health workforce diversity.
	DV-1: The percent of underrepresented minority students in BHPr funded pre-professional, formative education, and training programs.
Diversity	DV-2: The percent of disadvantaged students in BHPr funded pre-professional, formative education, and training programs.
	DV-3: The percent of FTE underrepresented minority faculty in BHPr grant programs.
	Strategy: Promote careers in primary care.
	PC-1: The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.
Primary Care	PC-2: The percent of all students in BHPr-funded training and/or formative education programs being trained for a career in primary care.
	PC-3: The percent of formative education and formative training program students receiving a portion of their clinical training in a non-hospital, primary care site.
	Strategy: Improve the distribution of the health workforce.
	DS-1: The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.
Distribution	DS-2: The percent of students in this BHPr-funded grant program receiving a portion of their clinical training in underserved area sites
	DS-3: The percent change of health professionals entering practice in underserved areas after graduation from a BHPr-funded formative education and formative training program.
	Strategy: Strengthen public health and health care infrastructure.
Infrastructure	IN-1: The percent of curricula related to improving population-based health (public health) implemented in BHPr-funded education and training programs.
	IN-2: The percent change of Continuing Education Contact hours offered by BHPr programs.
	Strategy: Improve the quality of care through training.
Quality	Q-1: The percent of Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPr-funded health professional education and training programs.
	Q-2: The percent change of comprehensive cultural competence curricula integrated into BHPr-funded education and training.

Core Measures Detail Sheets

DV-1

PERFORMANCE MEASURE	The percent of underrepresented minority students in BHPr funded pre-professional, formative education, and training programs.

GOAL

Increase diversity in the health care workforce.

MEASURE

Assess the percent change in underrepresented minority students enrolled or graduated or completed programs in BHPr-funded pre-professional, formative education, and training programs.

SIGNIFICANCE

BHPr programs support increasing minority and disadvantaged representation in the health care workforce by sponsoring programs to encourage a greater interest in health careers, programs to increase academic achievement, provide financial support, and social support for minority students.

The success of these programs can be measured by continuing increases in the percent of minorities and disadvantaged in each entering class.

DEFINITION

Numerator:
Number of URM students enrolled or graduated or completed programs in BHPr-funded pre-professional, formative education, and training programs

Denominator:
The total number of enrollees or graduates or program completers in BHPr-funded pre-professional, formative education, and training programs.

DV-2

PERFORMANCE MEASURE	The percent of disadvantaged students in BHPr funded pre-professional, formative education, and training programs.

GOAL

Increase diversity in the health care workforce

MEASURE

Assess the percent change in disadvantaged students enrolled or graduated or completed programs in BHPr-funded pre-professional, formative education, and training programs.

SIGNIFICANCE

BHPr programs support increasing minority and disadvantaged representation in the health care workforce by sponsoring programs to encourage a greater interest in health careers, programs to increase academic achievement, provide financial support, and social support for minority and disadvantaged students.

The success of these programs can be measured by continuing increases in the percent of minorities and disadvantaged in each entering class.

DEFINITION

Numerator:
Number of disadvantaged students enrolled or graduated or completed programs in BHPr-funded pre-professional, formative education, and training programs.

Denominator:
The total number of enrollees or graduates or program completers in BHPr-funded pre-professional, formative education, and training programs.

DV-3

PERFORMANCE MEASURE	The percent of FTE underrepresented minority faculty in BHPr grant programs.

GOAL

Increase the percent of FTE underrepresented minority faculty in health professions education and training programs.

MEASURE

Assess the percent change of FTE underrepresented faculty in BHPr grant programs.

As a nation, we are trying to increase diversity in the health professions workforce. In order to succeed, we need to increase minority representation among faculty. Underrepresented minority role models and mentors are needed to assist and encourage minority students and trainees in preparing for a career in health professions.

SIGNIFICANCE

Many BHPr programs are working actively to promote faculty development and increase the number of minorities working in the health professions.

This performance measure will enable the bureau to monitor progress in increasing the representation of underrepresented minorities on institutional faculties.

DEFINITION

Numerator:
The full time equivalent number of underrepresented minority faculty in a grant program.
Denominator:
The full time equivalent number of faculty in a grant program.

PC-1

PERFORMANCE MEASURE	The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.

GOAL	Promote the selection or enhance the preparation of a primary care career among health professional students by demonstrating use of evidence based strategies (EBS).
MEASURE	Assess the percent change in the number of evidenced-based strategies implemented in BHPR-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.
SIGNIFICANCE	The number of individuals choosing careers in primary care has been declining since the late 1990s, in large part due to the significant debt incurred by US trained medical students and decreasing reimbursement for primary care vs. specialty physicians. To reverse this decline, BHPr supports programs that encourage students to choose a career in primary care. This measure will track the degree to which BHPr-funded education and training programs are implementing evidence-based strategies to promote careers in primary care.
DEFINITION	**Numerator:** Total number of the EBS used by grantees. **Denominator:** The maximum possible number of strategies.
SOURCE	The Generalist Physician Initiative: National Program Report (2003), The Robert Wood Johnson

PC-2

PERFORMANCE MEASURE	The percent of all students in BHPr-funded training and/or formative education programs being trained for a career in primary care.

GOAL

To maintain or increase the number of individuals training for careers in primary care.

MEASURE

Assess the percent change in all students in BHPr-funded formative education and formative training programs being trained for a career in primary care.

SIGNIFICANCE

The number of individuals choosing careers in primary care is declining, in large part due to the significant debt incurred by US trained medical students and decreasing reimbursement for primary care vs. specialty physicians. To reverse this decline, BHPr supports programs that encourage students to choose a career in primary care.

In fact, BHPr is the only source of Federal funds to promote training in primary care. While some BHPr programs support fields such as nurse midwifery and nurse anesthesia, the majority of BHPr funding supports primary care.

This measure provides a simple indicator of the degree to which BHPr funds are targeting and supporting training in primary care.

DEFINITION

Numerator:
Number of trainees in BHPr-funded formative education and formative training programs supporting primary care.
Denominator:
Number of trainees in all BHPr-funded formative education and training programs.

PC-3

PERFORMANCE MEASURE	The percent of formative education and formative training program students receiving a portion of their clinical training in a non-hospital, primary care site.

GOAL

To increase the number of individuals in BHPr-funded education and formative training programs who are exposed to primary care during their clinical training.

MEASURE

Assess the percent change of formative education and training program participants receiving a portion (≤1 month or ≥ 1 month) of their clinical training in a non-hospital, primary care site.

SIGNIFICANCE

The number of individuals choosing careers in primary care is declining, in large part due to the significant debt incurred by US trained medical students and decreasing reimbursement for primary care vs. specialty physicians. To reverse this decline, BHPr supports programs that encourage students to choose a career in primary care.

In fact, BHPr is the only source of Federal funds to promote training in primary care. While some BHPr programs support fields such as nurse midwifery and nurse anesthesia, the majority of BHPr funding supports primary care.

Exposure to ambulatory care during clinical training increases the likelihood that students and trainees will choose a career in primary care. This measure provides a simple indicator of the degree to which BHPr funds are targeting and supporting training in primary care.

DEFINITION

Numerator:
Number of individuals receiving a portion (<1 month or ≥ 1 month) of their clinical training in an ambulatory site.
Denominator:
Total number of individuals receiving their clinical training in a BHPr-funded program.

DS-1

PERFORMANCE MEASURE	The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.

GOAL	Increase the distribution of the health professional workforce by providing opportunities to understand and experience the delivery of health care in underserved areas.
MEASURE	Assess the percent change in evidenced-based strategies implemented in BHPr-funded programs to influence the distribution of the health professional workforce by providing opportunities to understand and experience the delivery of health care in underserved areas.
SIGNIFICANCE	A literature review was conducted to identify factors that promote improved provider distribution. These factors were integrated into a scale measure of the degree to which BHPr programs are using strategies based on evidence. This measure will track the degree to which BHPr-funded education and training programs are implementing evidence-based strategies to influence the distribution of the health professional workforce.
DEFINITION	**Numerator:** Total number of the EBS used by grantees. **Denominator:** The maximum possible number of the strategies.
SOURCE	MGT of America, Inc. Study of Best Models for Training and Retaining Physicians for Service in Underserved Areas. FSU Tallahassee, Florida, Oct 1999.

DS-2

PERFORMANCE MEASURE	The percent of students in this BHPr-funded grant program receiving a portion of their clinical training in underserved area sites

GOAL

To increase the percent of health professional trainees choosing to serve in underserved areas.

MEASURE

Assess the percent change in participants in BHPR-funded formative education and formative training programs receiving a portion (≤ 1 month or ≥ 1 month) of their clinical training in underserved area sites.

SIGNIFICANCE

Historically, health care providers, especially physicians, have tended to settle in areas with higher average incomes, higher average population density, greater access to other providers and hospital facilities, and leisure amenities. Consequently, the distribution of health care providers across the United States has become unequal, creating access problems within rural and other underserved areas.

Studies have shown that programs combining selected admissions policies with special educational programs have been successful in increasing the number of providers practicing in rural and underserved areas. In particular exposure to underserved areas and populations during formative education has shown a greater likelihood of health professionals entering practice in such areas.

Improving the distribution of primary-care providers in the United States is a goal common to many BHPr-funded health professions education and training programs.

This measure will enable the Bureau to begin tracking the extent to which supported programs are providing opportunities for their students and trainees to gain clinical experience in underserved areas sites.

DEFINITION

Numerator:
Number of students in formative education and formative training programs receiving a portion (<1 month or ≥ 1 month) of their clinical training in an underserved area.
Denominator:
Total number of students in formative education and training programs.

DS-3

PERFORMANCE MEASURE	The percent change of health professionals entering practice in underserved areas after graduation from a BHPr-funded formative education and formative training program.

GOAL	To increase the percent of graduates and completers of BHPr-funded programs practicing in underserved areas, communities, or health professional shortage areas.
MEASURE	Assess the percent change in health professionals entering practice in underserved areas after graduation from a BHPR-funded formative education and formative training program.
SIGNIFICANCE	Historically, health care providers, especially physicians, have tended to settle in areas with higher average incomes, higher average population density, greater access to other providers and hospital facilities, and leisure amenities. Consequently, the distribution of health care providers across the United States has become unequal, creating access problems within rural and other underserved areas. Studies have shown that programs combining selected admissions policies with special educational programs have been successful in increasing the number of providers practicing in rural and underserved areas. In particular exposure to underserved areas and populations during formative education has shown a greater likelihood of health professionals entering practice in such areas. Improving the distribution of primary-care providers in the United States is a goal common to many BHPr-funded health professions education and training programs. This measure will enable the Bureau to monitor the success of programs to increase the number of health care providers working in underserved areas, communities, or health professional shortage areas.
DEFINITION	**Numerator:** The number of BHPr graduates entering practice in an underserved area. **Denominator:** Total number of graduates in BHPr-funded programs.

IN-1

PERFORMANCE MEASURE	The percent of curricula related to improving population-based health (public health) implemented in BHPr-funded education and training programs.

GOAL

Strengthen the public health infrastructure

MEASURE

Assess the percent change in curricula related to improving population-based health implemented in BHPr-funded education and training programs.

The Nation's public health infrastructure is the resource needed to deliver the essential public health services to every community. It includes people who work in the field of public health, the information and communication systems used to collect and disseminate accurate health data, and public health organizations at the State and local levels in the front lines of public health.

Many BHPr programs, not just those specifically targeted at public health, contribute to the achievement of the core competencies in public health. Efforts include curriculum development, continuing education, development of public health and prevention research agenda.

SIGNIFICANCE

This measure will track the degree to which the following are included in the curricula of BHPr-funded education and training programs: population-based health care, biostatistics, epidemiology, program evaluation and performance monitoring, community-oriented primary care, health promotion, disease prevention, environmental health, health behavior, and leadership skills.

DEFINITION

Numerator:
Total number of the curricula used by grantees.
Denominator:
The maximum possible number of the curricula.

SOURCE

Council on Linkages between Academia and Public health Practice: Core Competencies for Public Health Professionals, Public Health Foundation, 2001.

IN-2

PERFORMANCE MEASURE   The percent change of Continuing Education Contact hours offered by BHPr programs.

GOAL   Meet the continuing education needs of health professionals in CHCs.

MEASURE   Assess the percent change in Continuing Education Contact hours offered by BHPr programs.

There are numerous providers of continuing education for health professionals in the U.S. Both private entities and the Federal government are major sponsors of continuing education programs.

SIGNIFICANCE   Features that distinguish federally-funded continuing education, in general, and BHPr-funded continuing education, in particular, from privately sponsored programs is its ability to provide programming in locations that are not profitable for private sponsors, such as Health Professional Shortage Areas (HPSAs).

In addition, BHPr continuing education programs are offered to all health professionals regardless of discipline, and can be tailored to meet the specific needs of local health professionals and the populations they serve.

Topics addressed in BHPr-funded sponsored CE programs include emergency preparedness.

DEFINITION

Numerator:
The total number of Continuing Education Contact hours offered by your program for the current reporting year.
Denominator:
The total number of Continuing Education Contact hours offered by your program PRIOR to the current reporting year.

Q-1

PERFORMANCE MEASURE	The percent of Institute of Medicine (IOM) Core Competencies(patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPr-funded health professional education and training programs.

GOAL

To integrate quality of care into health professional curricula.

MEASURE

Assess the percent change in Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPr-funded health professional education and training programs.

Recent changes in the health care environment necessitate corresponding changes in the structure of health professional education.

Among these are advances in science and health technology, changes in the practice environment, the diversity of the U.S. population, and the increasing predominance of chronic over acute conditions.

SIGNIFICANCE

The core recommendations of a 2003 Institute of Medicine report focus in particular on patient-centered care, health informatics, evidence-based decision-making, interdisciplinary team training, and quality measurement and improvement as a means to improve the health care system's ability to keep up with new knowledge and technology.

BHPr-funded education and training programs will be asked to rate themselves on actions they have taken or are taking to improve the quality of provider education, using the attached instrument.

DEFINITION

Numerator:
Total number of the EBS or quality improvement curricula used by grantees.
Denominator:
The maximum possible number of curricula.

SOURCE

Institute of Medicine (IOM), Health profession Education: A Bridge to Quality, April 2003.

Q-2

PERFORMANCE MEASURE	The percent of comprehensive cultural competence curricula integrated into BHPr-funded education and training programs.

GOAL

Improve the quality of health professional education.

MEASURE

Assess the percent change in comprehensive cultural competence curricula integrated into BHPr-funded education and training programs.

SIGNIFICANCE

Cultural competence has been recognized by the American Medical Association, the Association of Academic Medical Colleges and the Institute of Medicine of the National Academies of Science as being an important component of medical and health professional education curricula.

The American Association of Medical Colleges recently published an instrument for the Technical Assessment of Cultural Competence Training (TACCT), which provides a framework for medical schools to assess the adequacy of their cultural competence curricula. The framework identifies cultural competence as consisting of five domains of expertise.

The data collection instrument attached uses the five domains of cultural competence adapted from the TACCT to assess the degree to which BHPr-funded educational organizations are integrated into the curricula of health professionals regardless of discipline and area of expertise.

DEFINITION

Numerator:
Total number of the core cultural competence curricula used by grantees.
Denominator:
The maximum possible number of the curricula.

SOURCE

American Association of Medical Colleges (AAMC): Instrument for the Technical Assessment of Cultural Competence Training (TACCT).

State Primary Care Office (PCO) Performance Measures Detail sheets

PCO-1

PERFORMANCE MEASURE	Percent increase in estimated number of patients served by Obligated Health Professionals (OHP) including Medically Underserved Areas (MUAs).
GOAL	To measure the number of people benefiting from Obligated Health Professionals OHP
SIGNIFICANCE	The patient-to-provider ratio is considered to be the gold standard for reasonable access. Using 1,500:1 is supported by data from the National Ambulatory Medical Care Survey. This ratio reflects the adequate demand for services.
DEFINITION	Calculated: 1,500 x Number of Obligated Health Professionals
SOURCE	State Primary Care Offices, Census data or HRSA's Data Warehouse at **http://datawarehouse.hrsa.gov/**

PCO-2

PERFORMANCE MEASURE	Percent of the Number of Recruitment & Retention (R&R) Assistance Application State Recommendation Forms submitted by the State Primary Care Office to the NHSC within 14 days.

GOAL

To measure program utilization

SIGNIFICANCE

This measure quantifies an essential PCOs core function. The number also demonstrates the number of times PCOs are contacted, by interested entities, regarding utilization of a specific PCO program (NHSC). It will also allow States and the Bureau to evaluate all NHSC Recruitment and Retention application requests to determine compliance for service requirements; assess the need and demand for health professionals for the area; identify intended use of NHSC members to be assigned to the area; community support for NHSC assignments to areas; the success of area efforts to secure health professionals for the area; and fiscal management capability of requesting NHSC members

DEFINITION

Reported whole number

SOURCE

Recruitment and Retention Application Records (Data Provided by State Primary Care Office)

PCO-3

PERFORMANCE MEASURE	Percent increase in the number of Service Areas provided technical assistance in the development or expansion of safety net services by the State Primary Care Office.

GOAL

To establish a baseline

SIGNIFICANCE

This measure will enable States and the Bureau to assess (1) the degree to which appropriate information and follow-up is provided; (2) the extent that effective community health improvement process is in place to address the needs of the underserved; (3) the level of States involvement in promoting effective health care services, access to and the appropriate use of health care information; and (4) ways through which partnerships are maintained and strengthened through adequate information exchange

DEFINITION

Reported whole number

SOURCE

Data Provided by State Primary Care Office

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Thank you for taking the time to complete this report.

The information collected will be used by BHPr to justify the President's annual budget request to Congress and meet the mandatory performance measurement requirements of the Government Performance Results Act (GPRA).